

July 1957

HARVARD MEDICAL *ALUMNI BULLETIN*



*"Electrolytes . . .
steroids . . . what
will they push next?"*

\$6000

Mutual Fund Plans For **INCOME**



Every day more and more prudent investors are talking about our \$6,000—or more—Mutual Fund *Income* Plans which feature...

- ▶ **DIVIDENDS** — up to 12 varying cash dividends each year.
- ▶ **DIVERSIFICATION** — an interest in 100 or more of America's leading corporations.
- ▶ **CONVENIENCE** — continuous, professional management of these securities for you.

To receive our suggestions on a planned mutual fund investment of \$6000—or more—just mail the coupon below.

KIDDER, PEABODY & CO.

FOUNDED 1865

Members New York and American Stock Exchanges
Uptown Office: 10 East 45th Street, New York 17 • MUrray Hill 2-7190

Please send your free report on a \$6,000—or more—mutual fund program which (within market risk limits) seeks:

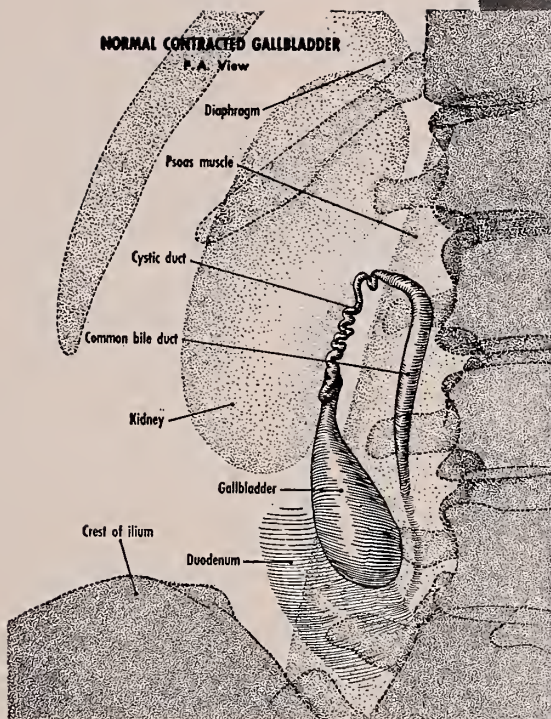
- ☐ More Current Income ☐ Growth—future income

Name.....

Address.....

HM-5

Note: Information is for our guidance only and does not assure achievement of objective.



"There are three main advantages in the use of

Telepaque®

- 1** Excellent cholecystograms are readily obtainable.
- 2** The side reactions are usually minimal, only rarely very disturbing, and often completely absent.
- 3** In a fairly large percentage of cases, the cystic and the common ducts are quite definitely outlined, and occasionally even the hepatic duct."

Buckstein, Jacob: The Digestive Tract in Roentgenology. Philadelphia, J. B. Lippincott Co., 2nd ed., 1953, vol. 2, p. 1003.

Winthrop LABORATORIES
NEW YORK 18, N. Y. • WINDSOR, ONT.

Telepaque (brand of iopanoic acid), trademark reg. U. S. Pat. Off.

SUPERIOR ORAL CHOLECYSTOGRAPHY AND CHOLANGIOGRAPHY

DOSAGE:

The average adult dose of Telepaque is 3 Gm. (6 tablets). In persons of thin or medium build, weighing less than 150 lb., 2 Gm. (4 tablets) may be sufficient.

SUPPLIED:

Tablets of 0.5 Gm. in envelopes of 6 tablets, boxes of 5 and 25 envelopes, and bottles of 500.

DIAGNOSIS DEFERRED

Regarding Books and Periodicals

One learns from a not too recent issue of *Science*, complacently recognized as an unimpeachable source of factual information, of an organization, relatively new at the time, incorporated under the laws of Massachusetts as the Harvard Medical Center, Inc. Its broad purposes are to "improve and advance knowledge, practice and teaching of medicine in all its branches; assist in the advance of medical research and investigation and in improvement of medical teaching facilities and methods; solicit and receive contributions from whatever sources in trust or otherwise and whether unrestricted or for undesignated purposes or subject to specified conditions."

At the very center of the Center, like the pupil in the eye of the hurricane, are the Harvard schools of Medicine, Dental Medicine and Public Health. A hair's breadth nearer the periphery are Harvard's teaching hospitals to the number of seven—a number more than mystic; "a cardinal number used attributively," according to Webster (Noah, not Daniel). The fact of George Packer Berry's presidency of the corporation vouches for the astuteness as well as the benignity of the plan and certainly no practical advantages will be lost through the vice-presidencies of Robert Cutler and Ralph Lowell.

If, as has been bruited, the cork was pulled from the bottle prematurely, the very fact of incorporation indicates the transparency of the bottle.

The knowledge that an eventual part of the plan is the construction

of a substantial research library should cause neither surprise nor concern. Libraries have always been associated with great intellectual enterprises since the well-known job that Ptolemy and his boys did at Alexandria, and there have been other instances along similar lines. It is anticipated that the new repository will function in genial symbiosis with the Boston Medical Library, on the transiparian reaches of Muddy River, and with the facilities and needs of the medical schools of Boston and Tufts Universities.

The matter of libraries and librarians, suggested both by the plan and by the invaluable services and devotion that Miss Anna Holt has contributed over the years to the School's not insignificant library has resulted in an intriguing semantic investigation.

"Library" and "librarian," as is well known, are etymologically derived from the Latin noun *liber*, or book. The word, although identical, bears only a slight but subtle relation to the Latin adjective, *liber*, or free. A liberal approach leads to the conviction that the truth is sometimes found in books, and the truth, if known, will make one free. There is no obvious relation to libido even if here, too, a form of freedom is implied, but there may be to "librate"—"to vibrate as a balance before coming to rest; hence to be poised" (Webster again), and who is more poised than a librarian?

There is some confusion between librarianship and librarianism, but the suffixes are frequently confusing. "Ship," according to Noah (Web-

ster), denotes "state, condition or quality; art or skill or one entitled to a specific rank or title, such as lordship." All the possibilities seem applicable, but more difficulty is encountered with "ism," which may variously express the "act or fact of doing, the manner of action, a state, condition or fact of being, or an abnormal condition," according to the same authority, as in alcoholism and perhaps liberalism. Librariancy seems possible but unnecessary, as one seeks a way to put into a nutshell the functions of a librarian, but librarianhood, indicating the character or quality of being a librarian has a dignity of its own. It is not, however, specifically recommended, and no attempt has been made as yet to classify the prefixes, such as semiantlibrarianism; nor has any reference been found to Liberace.

A meeting in Boston a couple of months ago of the American Special Librarians Association revealed the existence in this broad land of some 2500 special libraries with their special librarians employing a specialized type of librarianism. The fact that medical interest centers in the Biological Sciences and Hospital Division of the Association leaves room, nevertheless, for a broadly cultural consideration of the Rustless Technical Library of the Armco Steel Corporation, the Library of the National Paint, Varnish and Lacquer Association and that of the Crane Corporation of Chicago, Illinois, which may, after all, bear some relation to biological problems.

Then, too, there is the Library of the National Cash Register Company, suggesting shelves filled with happy medleys of profitable jingles, and that of Procter and Gamble, with its collection, no doubt, of soap operas and tomes on the scientific problems of flotation. One is reminded of the cartoon by Gluyas Williams, in his once famous series depicting crucial moments in American industry, in which, before the entire directorate of P and G, assembled around the marble testing pool, a cake of Ivory soap sank.



EASIER CONTROL OF SUMMER-TIME ALLERGIES

For the quick relief which ACTH gives in summer-time allergies, with minimal inconvenience to your patient, use Cortrophin-Zinc. Its prolonged action permits maximal response in rose fever, poison ivy, poison oak, sumac, asthma, and other allergic manifestations, with fewer injections. Each injection lasts at least 24 hours in the most acute cases to 48 and even 72 hours in milder cases. And Cortrophin-Zinc is easy to use, being an aqueous suspension which requires no preheating and flows easily through a 26-gauge needle.

CORTROPHIN*ZINC[†]



HAY FEVER

POISON IVY

POISON OAK OR SUMAC

SEASONAL ASTHMA

ROSE FEVER

Supplied in 5-cc vials, each cc containing 40 U.S.P. units of corticotropin adsorbed on zinc hydroxide (2.0 mg zinc/cc)

*T.M.—Cortrophin

[†]Patent Pending. Available in other countries as Cortrophine-Z.

[†]Organon brand of Corticotropin-Zinc Hydroxide

an Organon development

ORGANON INC. • ORANGE, N. J.

LETTERS

Humanum Est Errare

To the Editor of the *Bulletin*:

Even doctors can't do very much for dead poets. But they can quote them correctly. I am fearful that Stevenson would turn over in that grave of his were he to glance at page 28 of the April issue of the *Harvard Medical Alumni Bulletin*. The "well-known inscription" on Stevenson's tomb (if well-known) runs as follows:

Under the wide and starry sky,
Dig the grave and let me lie.
Glad did I live and gladly die,
And I laid me down with a will.

This be the verse you grave for me:
Here he lies where he *longed* to be;
Home is the sailor, home from the sea,
And the hunter home from the hill.

I have underscored the three words which were misquoted, added punctuation, and indented the fourth and eighth lines. "Requiem" is usually printed with the last three lines of the second stanza all in italics.

Your critic would not forget, however, that between prescriptions and inscriptions he hopes for accuracy in the former, but would enjoy it in the latter.

DAVID McCORD

To the Editor of the *Bulletin*:

We all love the Class of 1946, but 1921 has no intention of adding to what I am sure is a purely hypothetical capital fund established by them as stated on page 44 of the April, 1957, issue of the *Bulletin*.

Presumably, this is a garbled account of a statement that should have read as follows: "The balance left over from the 35th reunion of the Class of 1921 has been added to the capital fund established by the class in 1946, the income from which is used to purchase monographs for the Medical School library." A correction is in order, or perhaps even better, the Class of 1946 would prefer, rather than suffer the resulting loss of reputation, to make a substantial contribution to the Harvard Medical Alumni Fund!

I am sure that you will find that Tom Lanman will understand how to use blackmail in such a way that it will remain a gentle art.

Speaking for myself, and I sincerely hope for the Class of 1921, I would al-

ways say with Anita Loos, "Cash is better than any amount of apology."

WILLIAM B. CASTLE, '21

The Editor of the Bulletin bows his head in self-reproach at having committed 1) such a misquote, and 2) such a typographical error. The only solace he finds is in the opportunity that these letters have given him to have correspondence with two such eminent persons as Dr. McCord and Dr. Castle.

From Behind the Curtain

The following letter was sent to Dr. Thomas H. Lanman, Director of Alumni Relations, by Dr. Oscar S. DePriest, III, '54, Captain, United States Army, now stationed in Berlin.

Dear Dr. Lanman:

. . . The only other graduate of the Medical School who is in Berlin at the time is Captain Jan Koch-Weser, who, as you know, was a classmate of mine at the Medical School and a colleague of mine at the Massachusetts General Hospital. He is enjoying himself almost as much as I am, and needless to say, we render one another support when we become homesick for the old stamping grounds. At present I am the Assistant Chief of Surgery here and Jan is the Assistant Chief of Medicine. In addition to this initial job, I am also Chief of the Laboratory Service, Chief of the Physiotherapy Clinic, Chief of Preventive Medicine, Chief of X-ray, Chairman of the Hospital Entertainment Committee, Medical Officer of all athletic teams in Berlin and official greeter for VIPs. As you can see, there are a lot of Chiefs here and very few Indians.

Our hospital is a small unit with a total capacity of 250 beds, but with an operating capacity of around 100. It is small, but I believe one of the best equipped units in Europe. There is nothing here that we want for, and if we do want for something we can usually have it within a very short period of time. The reason for this is that this unit, like the rest of our military units in Berlin, is a showpiece for the people behind the Iron Curtain, and therefore it must have the very best and most modern and shiniest equipment. The surgery here is com-

paratively minor, in that the most extensive procedures are in the category of thyroidectomies. However, there are enough appendices, hernias, pilonidal sinuses to allow us to see a little blood once in a while.

The city of Berlin itself is beyond any doubt one of the most beautiful cities I have ever seen. The amount of reconstruction here is unbelievable (that is, in the Western Sector), and by comparison the complete lack of reconstruction in the Eastern Sector is likewise unbelievable. People here are quite friendly, extremely industrious and all around good people. I certainly have enjoyed myself and when I return I hope to have about a one-hour color film on Berlin and the various spots of interest.

As you may or may not know, I am now the father of three boys, the latest arrival being Philip Ransom DePriest, born on October 4, 1956, birth weight 10 1/4 lbs. This little rascal was responsible for the delay in my family's coming over, and I have been a grass widower for the past five months. However, I am happy to say that my family arrived in toto yesterday morning.

OSCAR S. DEPRIEST, III, '54

In Appreciation . . .

The following letters were received by the Editor and reflect the oftspoken sentiments of the Alumni body.

To the Editor of the *Bulletin*:

I am sure that you will receive a report of the reunion activities of the Class of 1947 from Dr. MacAusland, the Chairman of the Reunion Committee. However, I should like to express the general sentiment in commending Bill MacAusland for the superb job he did in organizing the reunion activities and to thank him for contributing so much to a most successful Class Reunion.

HERMES C. GRILLO, '47

To the Editor of the *Bulletin*:

This brief note provides an opportunity to pass on to you the many enthusiastic comments about our recent Class Reunion. All who attended were much impressed with the planning of both the dinner and the picnic. Hopefully, the success of this occasion will make the next reunion a necessity for those who came, and will provide an added incentive for those who could not return this year.

A vote of thanks to Hendren, Huggins, Fornshell, Donovan, et al!

HENRY DE F. WEBSTER, '52

EDITOR

JOHN R. BROOKS, '43B

ASSOCIATE EDITORS

A. CLIFFORD BARGER, '43A

CARL BRUNSTING, '57

ERNEST CRAIGE, '43A

J. ENGLEBERT DUNPHY, '33

JOSEPH GARLAND, '19

THEODORE H. INGALLS, '33

FRANZ J. INGELFINGER, '36

ROLF LIUM, '33

J. GORDON SCANNELL, '40

ROBERT S. SHAW, '45

RICHARD WARREN, '34

MARTHA WOODBURY DUNN

Assistant to the Editor

BUSINESS MANAGER

CURTIS PROUT, '41

25 SHATTUCK STREET

BOSTON 15, MASSACHUSETTS



ASSOCIATION OFFICERS

RUSSEL H. PATTERSON, '18, *President*

CHARLES C. LUND, '20, *President-elect*

GEORGE P. DENNY, '13, *Past-President*

RICHARD CAPPS, '31, *Vice-President*

JAMES H. JACKSON, '43A, *Secretary*

JOHN R. BROOKS, '43B, *Treasurer*

COUNCILLORS

JOHN P. BOWLER, '19

GEORGE CRILE, JR., '33

GORDON A. DONALDSON, '35

CLAUDE E. FORKNER, '26

JOSEPH GARLAND, '19

ROBERT J. GLASER, '43B

ARTHUR T. HERTIG, '30

JOHN P. HUBBARD, '31

JOHN ROCK, '18

THOMAS H. LANMAN, '16

Director of Alumni Relations

HARVARD MEDICAL ALUMNI BULLETIN

VOL. 31

JULY 1957

NO. 4

Cover: Augustus Riley and James L. Huntington
at their Fiftieth Reunion

Diagnosis Deferred: Regarding Books and

Periodicals 2

Letters 4

The Clouded Crystal Ball: T-Vignettes for the Future
of H.M.S. '57 7

H.M.S. Revisited 11

Editorial: A Difference in Ideology 15

Alumni Day, 1957 17

The Care and Feeding of Injured Athletes and Coaches 19

Reunions 23

Under the Tent 30

Class Day 32

1957 Class History: A Class of Nobodies 34

Book Review 35

Regional Activities 35

Obituaries 36

Alumni Notes 37

DOCT. GRIFFIN,

THE CELEBRATED

INDIAN DOCTOR!

Takes pleasure in announcing to the citizens of Newport, that he
has taken rooms at

NO. 30 JOHN STREET,

Where the afflicted can consult him in private on all diseases that flesh is heir to. Come! I will tell you how you are, and how you have been; perhaps you would have been cured before if your physician had understood your case. If you have tried for health and failed, it is no reason why you should not try again—health is precious to us all, and if I cannot relieve your case I will tell you so. I can refer you to many, perhaps, worse than you are, that were given up by their Physicians and friends, that now enjoy good health.

By applying to me, what I have stated above I will prove; if you will please call and see me, I will describe your case so clear that you will know that I perfectly understand your disease, without your telling me. It is something of great importance to you, though very easily accomplished by me, though no more wonderful than true; it is the only starting point to health, for the physician to understand your disease, and then administer the simple remedy to remove that disease.

COME! I WILL DO YOU GOOD.

You may be faithless, come, and I will give you faith, by my perfect knowledge of your disease.

 **Office Hours:—From 10 A. M., to 1-4 2 P. M.**

DON'T FORGET THE NUMBER!

30 JOHN STREET, NEWPORT, R. I.

Come! I will cure that Cough, Pain in the Side, Head and Back; remove that cold, sinking or Burning at the Stomach, Stiff Joints, Rheumatism, Gout, Fever Sores, Cancers, Salt Rheum, Erysipelas, Scald Head and all bad humors, I will remove from the system, with my Indian Medicine. I defy the World to beat me in Cleansing the Blood from all impurities. I will remove those Pimples from your face, Moth or Yellow spots, and make the skin as smooth and fair as a child.

THIS IS NO HUMBUG!

But everlasting truth. The Truth will stand, when all else will fail. Put not off until it is too late. Attend to the matter now.

Very Respectfully,

DOCT. S. W. GRIFFIN.

The Clouded Crystal Ball



T-Vignettes of the Future for H.M.S. '57

Francis D. Moore, '39

Ladies and Gentlemen of the Class of 1957—Husbands, Wives and Families: Dr. Greep has given you a most charming greeting. I must say this was a bit of a surprise to me. I thought we had greeted you four years ago and that this was the day to say good-bye—with regret. The Faculty has enjoyed giving you access to information, a process known hereabouts as “teaching.” And we are happy to see you launched on your careers, sliding slowly backwards, down the well-greased ways of the curriculum, into

the cold waters of the hospital, valiantly waving goodbye to next year’s class and clutching in your hand the broken bottle—symbolic of carefree student days when a phone call at night was still an invitation to cocktails. We are happy to see you launched, but we say good-bye with regret because we can hope to learn nothing more from you. After all, you have been a strictly experimental class.

Like an eldest child, you have been forced to suffer through many new theories and tolerate the emotional problems of the parents. You started out with the first integrated class of Ph.D. students. In this effort you definitely won, taking four men through that course and losing none

in the process. That experience is a model on which the new curriculum will be built.

You have been subject to more attention from the psychiatric department than any other class in history, and I am assured that this attention has been largely intracurricular.

You had a quiet riot. This is most unusual, exceptional and strictly experimental. Dean Berry has been referred to here as a Socratic figure. I can assure you that nothing forces his hand towards the poison hemlock quite as quickly as a hole in the Vanderbilt tennis court.

You gave a party for the Faculty. This was a wonderful thing, an experiment which will, we hope, be the first of a long series.

Editor’s note: This address was given by Dr. Moore at the Class Day ceremonies for the Class of 1957, May 31, 1957.

You are the only class to have developed sign-painting as a major activity, adding decoration to the billboards in the neighborhood.

At the end of your third year, on the basis of a then noble experiment, you learned that no one person, not even the more remarkable members of your own remarkable class, could answer 200 questions in two hours. Just a month ago you learned what to do if, in an airliner, the man sitting directly in front of you is staring straight ahead, impassive, and can't be aroused * . . . well, I won't go any further with that particular example. After that was all over, you received great comfort from the fact that no one knew what to do with the mark anyway.

The Patient and You

In one of the many definitions which have been offered, science has been defined as the methodology of determining the most probable. If your education has been a carefully designed experiment, we should be able to peer into the future with reasonable accuracy. So let's look into this clouded crystal ball—this forward looking TV set with the broken focus.

Sometime during next fall or winter, Thanksgiving, Christmastime, New Year's—sometime in the middle of your first hospital year, you are going to pass through a change. For most of you, it will not be much of a change, but for many medical students it is a major bone-crushing, soul-shaking revolution. This event is one of the main by-products of the hospital: you will learn that everyone cares more about the welfare of the patient than about the welfare of the people taking care of the patient.

This basic realization may come to you as a shock, but then you can just sit back and relax about it. After all, it will be that way for the

rest of your life. It is the doctor's life as it should be and as it is. You are now finishing an educational process which has been going on for about 24 or 25 years. It has been focused entirely on you. As you start to take care of patients in the hospital, the educational process is no longer focused on you or even on your welfare. It is focused on somebody else. And it is only effective if it is focused on the patient. If it is focused on you, with lecture schedules and didactic courses, then it isn't a hospital education at all. Hospital care in such an institution would be educationally bankrupt.

The Assumption of Responsibility

During this time, during your first hospital year, you will find that without knowing quite why, you are staying long hours at work and developing habits of devotion to your profession which will stick with you throughout your life. This arises from one of the most important facts of medicine, namely, that the fundamental act of medical care is the assumption of responsibility. This is really what the patient wants. The patient doesn't want a cure or a pill or an operation or an electrocardiogram or whatever. He doesn't know enough to want these things. These are only the things that we think he wants. What he really wants is someone who will take care of him, worry about him, worry for him, someone who will take responsibility and take charge.

You already have this feeling in a very special form; you feel the need for responsibility and in choosing the hospitals for your next step, the thing which has often influenced you the most has been the opportunity to take responsibility. This desire will be with you for the rest of your life.

Specialization

This concept that the fundamental act of medical care is the assumption of responsibility is most helpful in considering many aspects of the practice of Medicine and Surgery.

Proper specialization doesn't hinge so much on gadgets and boundaries as it does on areas of special interest and responsibility.

Looking ahead a year or two more, I can see that some of you are going to be wise or lucky and quickly develop a hobby within medicine. This is an area of medical thought which you fondle as a child a new toy, and which is always a pleasure. The work of a doctor has longer hours with fewer weekends and fewer vacations than the work of most of his college classmates in other fields. Most of this work is not glamorous. It is simple and much of it is very humble. It is often very disappointing. To have a hobby within this field, something that is always fun, always fascinating, is in my opinion one of the great keys to a happy career in medicine. Such a hobby may be merely the study of one group of patients or one group of problems on which you have done some special work, where you concentrate your reading and where you occasionally contribute. This soon becomes an area that is very much your own. In the lean years of practice, this hobby may mean a lot to you in terms of bread and butter. It is hard to know how recognition of special interest spreads, but somehow or another, it does. And when a doctor in a community has something in which he is interested, something which is always fascinating to him, patients and doctors alike soon sense it and both of them come to him for care.

Not How, but When and To Whom

Looking farther into the future, I see that your generation is going to have an increasingly troublesome time with an unhappy problem which I want to mention just briefly. And this is the problem not only of *how*, but also of *when* and *to whom* to apply medical care.

In terms of military casualties and civilian disasters from the H-Bomb, a good deal of attention has already been given to this matter: the concept that doctors let all the people

* Editor's note: This is a reference to one of the written questions in the Fourth Year Division's examination, in which the students were asked how to treat a comatose airline passenger with diabetes mellitus.

who are badly hurt go over the dam in order to pull back to useful life those who are lightly injured. On the surface, there is probably nothing the matter with this as a principle in the general application of limited medical manpower to unlimited casualties. But two problems arise. One is the doctor's own soul. And the other is the morale of the population from which the casualties came.

I will not discuss the matter of the doctor's own soul because I do not feel I know enough to do so. But I would like to remind you that here in your teaching hospitals you have been brought up in an atmosphere where no conceivable effort is ever spared in looking after a patient. The most fantastic expenditure of time and money, man-hours and devotion, blood and plasma, antibiotics and resources of the community, are often expended on people who are severely and seemingly hopelessly injured. A few are saved—miraculously almost—and much is learned even in studying or caring for those who are lost. Today's fatality becomes tomorrow's therapeutic triumph. It is not natural to depart from this high standard, but you will be asked to do so.

The morale of the population from which casualties come is bolstered by the mere presence of an effective medical department. The soldier knows that if he is hit he will be cared for. But what sort of security exists when the soldier also knows that if he is badly hurt and needs skillful, merciful care in quantity, he may quietly be allowed to die, while his less seriously injured compatriot receives immediate care. This problem looms its ugly head in the military and civilian defense picture, and it needs some solid thinking. I am sorry that our generation seems to be leaving this unfinished business to yours.

The Same in Reverse

Increasingly in the civilian practice of medicine and surgery, this same sort of thing is coming up, but

in reverse. With the extensive use of the antibiotics, the artificial kidney, endocrine therapy, endocrine surgery, tranquilizing drugs and operations on the central nervous system, it becomes possible to keep people alive and seemingly alert, taking food and fluids for long periods after they otherwise would have died. Doctors have long been praised for their valiant battle in life-or-death situations. But it has always been a sort of David and Goliath problem with the little doctor waving his pitiful stethoscope around his head at the tremendous forces of disease standing before him. In the past ten years, in a variety of fields, the physician and the surgeon have gained the upper hand. Increasingly we have been able to maintain life when certain vital functions have completely ceased. The problem of the privilege of being allowed to die quietly and peacefully is coming up for general review.

May, 1977

Now looking a little farther into the future at happier things, I see that you are going to have a class reunion. As a matter of fact, my TV set here says that it is May of 1977, and therefore it is your twentieth reunion that is coming into focus. Quite a large number of you are teachers in various medical schools. As a matter of fact, one-half of you are closely associated with medical education. Your class, nationally speaking, is carrying almost three times as much responsibility in medical education as the average American medical student graduating 20 years before. Some of you will be in charge of various services and departments at Harvard Medical School. And look there! Some of you are actually on the Curriculum Committee. Almost anything is possible in this life.

Now this crystal ball TV set which tells the future is becoming very clear and I can see what you are doing on that curriculum committee. In fact, it is the Harvard Curriculum Committee. Two of you

are members—I am not sure just which two. The thing is a little out of focus again.

But I can see that you are not falling prey to the concept of change just for the sake of change itself. You are not accepting a proposal to gobble up all the students' free time with required courses and then excusing it on the ground that "after all, Medicine has become much more complicated." You realize full well that this is a false idea and a sophistry, and an entirely wrong principle. Good science doesn't make things more complicated. Take diabetes, for instance. If you think it is complicated now, you ought to look at a diabetic manual published in 1920. Nobody had the foggiest idea of what it was all about, but it had to be committed to memory anyway. I don't think insulin and the discovery of some of the details of carbohydrate metabolism has made diabetes more complicated. Certainly for the doctor and the patient it hasn't. Good knowledge simplifies as it progresses. William James wrote, in his essay, "The Sentiment of Rationality":

The facts of the world in their sensible diversity are always before us, but our theoretic need is that they should be conceived in a way that reduces their manifoldness to simplicity. Our pleasure at finding that a chaos of facts is the expression of a single underlying fact is like the relief of the musician at resolving a confused mass of sound in a melodic or harmonic order. The simplified result is handled with far less mental effort than the original data . . .

As members of the Curriculum Committee, you seem to realize that courses are complicated not because of the subject, but because of the teacher. And by converse, ideas may be complicated, yet they are arranged and clarified and simplified and illuminated in the minds of the men who are good teachers. So, I can see that you are violently opposed to making up a curriculum that is centered around subject matter. I can see you sitting there at the meeting, all agreeing that of course

the curriculum should be centered around the teachers in science, in the preclinical subjects and in the clinical fields. Now you are taking a vote. You are all in favor of a curriculum that has continuity of teaching and thought.

1980

Now I can see something else there in the future, about 1980. You are getting ready to send your children to college and medical school. It is about the right time—they are 18 to 21 years old.

As a matter of fact, your class is of some clinical interest in this regard. Only 4 of you were married when you came here and by the time you left, 61 had found a girl and converted her into a wife. Interestingly enough, 5 of you are married to each other, or rather 5 of you have married medical students. I don't know exactly how one should say this, but anyway, 10 of you, as medical students, are husband and wife. This is some kind of a record. Surely this will produce a fine crop of strong legacies for Harvard Medical School. Some of them

seem to be here today, looking the place over, in diapers.

The argument used to turn on the question of whether or not a medical student should get married. Now it has changed. The discussion now centers around the question of what we can do to get the students married early, to give them financial and academic security.

There was a joke a few years ago. I think it has been told at Commencement every year and we shouldn't forget it this year. It arose from the fact that statistically it seemed much easier for women to get into this medical school than for men. I think Ken Emerson invented this joke. He said: "If you want to get your son into Harvard Medical School, have a daughter." Well, in 1957, this joke can be modified as follows: "If you want to get your son into Harvard Medical School, send him to Dartmouth College,* and if your son gets into medical school, and if you want to get him

*Editor's note: This is a cryptic reference to the very large and successful group of transfer students who entered the Class of 1957 from Dartmouth College and Dartmouth Medical School in the third year.

through the medical school, have a daughter-in-law."

I believe that on the day when we give out the graduation diplomas we really should do something about the ever-loving wives who have seen the old man through these four years. There should be some kind of a diploma, an embossed account book, for instance.

After all, there are only two important decisions that a doctor ever makes. One is when he decides to become a doctor in the first place, and the other is in selecting the woman who is going to suffer through the early stages with him and enjoy the fruits, if any, at a later date.

L'Envoi

I won't try to summarize these fleeting and ill-organized glimpses of the future. I would like just to emphasize again that the fundamental act of medical care is the assumption of responsibility for the welfare of the patient. This is something that no one really teaches, except by example. None of you would be here if it were not for your basic desire to take this responsibility. In most instances you will take it by standing at the patient's bedside, or maybe by operating on him, or just by sitting, listening to him talk about his troubles. Certain others of you will accept this responsibility in the research laboratory, but the responsibility is there just the same. No matter how far you are from the patient, or how near, your life is illuminated and your work made light by the realization that it is this responsibility for the patient which you are taking.

And now I say, if there is a man sitting in front of you, staring straight ahead, impassive, with glassy eyes and unresponsive—just ask for a medical diploma, give it to him and tell him he will be all right. He just cannot believe that his professional career is beginning, that he is going to spend his time looking after others and that no one but his wife is going to worry about him any more.



The Thomas L. Halls, both in the Class of 1957, and six-month-old Eric Livingston Hall. Mrs. Hall (the former Marie-Francoise Purvez) was graduated from McGill University in 1953, her husband from Harvard College in the same year. The Drs. Hall will intern at Royal Victoria in Montreal.

H.M.S. Revisited

Rolf Liim, '33

I suppose that everyone who graduated from a college or university has had the yen at some time or other to return to the Alma Mater and enroll as a student in the present class. It is more than curiosity that prompts such a wish. Anyone with his thinking apparatus in good order realizes that as time moves over, through and around him, he is being left somewhat behind the new day. And even though one may be a teacher, whose duty is to instruct the new generation in advanced thought, he realizes that with each new class something has changed. One of my close associates put it well, "This generation has an entirely different standard. We would never have thought of getting married if we didn't have an assured income and a foreseeable, economically secure future. Today they are quite happy to marry, if Pa on one side or the other will pay the bills." Fifteen years ago there were no soldiers, and now every student is an ex-soldier or a future military; and so it goes. "Wouldn't it be wonderful to go to medical school again and study the new things that have been learned since we were there?" This I have heard dozens of times, and everyone who says it probably means it just enough so that he should not be surprised at one who was bold enough to make the try.

There was a great deal of talk about the School in the replies that were returned in answer to the questionnaire that we sent out from the Editorial Staff last year. The graduates, young and old, wanted to know what was going on. I live only 50 miles from Boston, and am on the staff of the *Alumni Bulletin*; but if you asked me what is happening at the School and any searching questions concerning the present students and their curriculum, and how they are chosen, and a thousand other queries, I would have to shake my head and state sadly that I do not know.

The idea of returning as a student to H.M.S. was broached to the Editorial Staff of the *Bulletin*. The purpose was not a stunt, but rather an effort for someone who maintains no close connection with the School to take a good look and report on what he saw. Wheels within wheels, turning and grinding, and I received an application for H.M.S., Class of 1960. Lots of paper

work, endless forms, and one had to find two persons to guarantee the School \$500.00 each. Again there must be proof of vaccination against smallpox. It had been my original intention to fill out all of this stuff correctly and send it along like a nice collegiate, but the questions on the application blank seemed too absurd.

"What was the most outstanding experience in college?" To this I replied spontaneously and without the inhibition of second thought, "We went to Minneapolis which was 50 miles away, and got rather drunk on raw liquor. In the early morning it was decided that we had to eat, and the party moved to Child's restaurant. Chuck Wilson grabbed a water pitcher and threw it against the tile wall at the back of the establishment, and it busted into a thousand pieces; then we took off and ran like hell, fearing that the cops would catch us and we would be kicked out of college."

"What diseases have you had?" It does not seem important to me what diseases I have had. Much more apropos would be to ask something about the grandparents and get a rundown on the clan. It appears to me that heredity is the most important thing in a man's life. With good luck in this department, one can violate all rules of proper hygiene and still live to a ripe old age. I see nervous families, families with ulcers of the duodenum; and there are those in which the males all die in their thirties from hypertension. A person cannot fight this sort of accumulation, for he is licked from the start.

The sum and substance of my application was that it paid no attention to the accepted standards of age 20; and I realized suddenly what had happened over the years. Nothing of that era in my life was now of any importance. The standards had shifted imperceptibly. One had by degrees arrived at the stage where the future of son number two or the only daughter counted for more than a variation on the theme of I, number one. I began to have misgivings about the project, for it dawned on me that one could not possibly recapture any freshmanitis at my age. After talking the matter over with some of the other editors, I found them

more enthusiastic than at first, and there could be no graceful turning back; I had been hoisted on my own petard.

The Medical School and its environs have changed somewhat over the years. When one leaves the trolley at Shattuck Street and walks toward Building A, he is struck by the glass-enclosed veranda which juts out over the entrance to the Peter Bent Brigham Hospital. People seem to be sitting on the street and eyeing you as you enter the Medical School. This is the snack bar where one can buy anything from an ice cream soda to a teddy bear for junior. The walls on the amphitheatres in the School have changed from the white alabaster, worn to gray by age, to a pastel green. Parts of the Children's Hospital have been torn away to give room to many-storied buildings; some of these were erected by the Jimmy Fund, which got a terrific boost from professional baseball. In spite of these variations in the scene, a graduate has little difficulty in finding his way around.

On the opening day we went to the amphitheatre of Building D to register. Dean Berry began the ceremonies with a talk, "I am glad to welcome you, the Class of 1960, to Harvard Medical School," and then I took off, pursuing the bird of fancy hither and yon. It was 27 years since we sat there, and yet it was but a day. So many decisions had been made, deep grooves of habit had been worn, but now none of them seemed important, momentous as they may have appeared from time to time. I was a freshman 1929; 1956; of what matter time?

After registration we proceeded to the Peter Bent Brigham where a clinic was held by the professors of medicine, surgery, radiology and pathology. One was hard put to tell the professors from the students. It recalled a statement made by a big league ball player who was describing a club in the majors, "Haven't seen so much hair on a ball team in years."

Dorothy Murphy said, "We must have you in Vanderbilt so that you will be handy to classes. Let me see, there is 201, one of the best suites in the Hall." I had forgotten where 201 is located; it is a corner suite facing the Medical School on one side and the Boston Lying-In on the other. The last time I had been in this apartment was in the time of prohibition, when it was furnished with lamps and gaily colored posters, and when bottles without number, endless series of bottles filled with homebrew were emptied to supply the thirst of ourselves and girls from Radcliffe, The Children's and the telephone office. Now everything in 201 was bleak and dull, even though the late September sun was at its noonday full. The floor seemed sadly in need of finishing, dulled as it was by a thousand footsteps. There was not a decoration, not a curtain, not a sign of previous inhabitant except his contribution to the general dullness.

It was a moment of pause; to sit after lunch and dream a bit during the post-prandial depression; and I

wondered if all medical students were not monks at heart. There is no denying that they express themselves in non-monkish idiom at times, but the spirit is there—to forsake the immediate pleasures and retire to a cell. This was a cell, and I enjoyed it. Mystics tell us that nothing is so conducive to a free spirit as to sit alone in a small room without distraction (1). "Would I choose medicine today?" Of course not. The arts seemed particularly appealing—music, writing, painting—any of them, but not this fantastic self-discipline. If one could only escape the pressure of immediate duty which calls with the imperious voice of a telephone bell ringing at any hour!

This is no effort to condemn medicine as a profession. Whatever one undertakes is bound to develop sameness, and this is the origin of boredom, against which man must forever struggle. Kierkegaard (2) wrote some pertinent lines on the subject, "The Gods were bored, so they created man. Adam was bored because he was alone, so Eve was created. . . . Adam was bored alone, then Adam and Eve were bored together; then Adam and Eve and Cain and Abel were bored *en famille*, then the population of the world increased, and the people were bored *en masse*. To divert themselves, they conceived the idea of constructing a tower high enough to reach the heavens. This idea itself is as boring as the tower was high, and constitutes a terrible proof of how boredom had gained the upper hand."

We must not digress too far from the main purpose of this report, which is to let you see H.M.S. through the eyes of a returned graduate. From cell 201 one can take off in every direction. I began to wonder what all of those first year students, just registered today, were seeking. What damn devil or spirit had got into each one to move him or her to fill out all of those blanks and pay \$1000 tuition plus the expenses of this and that, including a car for the clinical years? They might have gone in with Pa and made a lot of dough, settling in Wishpaw with a guaranteed competence for life. What makes a man want to be a doctor? They are trying to find the answer to this question.

On the afternoon of registration day we made our way to Building C and Dr. Trimble of bio-chem directed the proceedings. All beginners in medical school, the country over, are expected to fill out these questionnaires. The idea is that if you find 25,000 medical students disliking merchandising or buying goods for a profit, then one who answers favorably about merchandising is poor material for a physician. It is not quite as simple as that, but this is the general idea. Dr. Trimble made it quite clear that the examination did not originate at Harvard; they took no responsibility for it; they were only an instrument in seeking the truth. I throw this in so that you may understand that a criticism of these tests is not anything against the School.

There were the usual directions about how to score the statements, and there followed a whole list of which these are but typical samples:

Record your first impression. Do not think of various possibilities or of exceptional cases. "Let yourself go" and record the feeling that comes to mind as you read the item. Do you like, dislike or feel indifferent to:

- People with gold teeth
- People with protruding jaws
- People with hooked noses
- Blind people
- Deaf mutes

Do you think it is justifiable for great artists, such as Beethoven, Wagner and Byron to be selfish and negligent of the feelings of others: (a) yes; (b) no.

When you visit a cathedral are you more impressed by a pervading sense of reverence and worship than by the architectural features and stained glass: (a) yes; (b) no.

In your opinion, can a man who works in business all week best spend Sunday in:

- a. trying to educate himself by reading serious books
- b. trying to win at golf or racing
- c. going to an orchestral concert
- d. hearing a really good sermon

As I looked over these questionnaires, which required something like three hours to answer, I was reminded of the fellow who asked, "Would you rather go to Europe in spring or by plane?" Some pertinent questions were deleted, and one wonders if the fellows who made up the examinations were not young, inhibited Ph.D.'s. Why not ask the men: If you were choosing a mistress would you look for:

- 1. appearance
- 2. personality
- 3. faithfulness
- 4. sex appeal

And for the women: If you were choosing a lover would you prefer:

- 1. good looks
- 2. a good dresser
- 3. he has a way with women
- 4. makes a pass on the first date

In order to understand these tests better, I went to the library to look up the opinion of experts, and found one that just suited my fancy (3) "The professional Aptitude Test viewed as a whole seems to be of doubtful value and may not be worth all the testing time or other expense required." The best statement that I could find in favor of any such tests showed that if a student did well in college exams he usually did well in his preclinical tests. But what has that to do with making a good doctor? There is no clear statement to my knowledge which purports to show that ability to answer clearly and concisely a set of examination questions has anything to do with the final product of a good doctor.

What is the best material for a physician? I pondered this question one evening in my cell, and came up with no clear answer. A good physician must attract patients, or of what value is his knowledge and skill? One sees men of excellent training who die on the vine, unable to get the patients into the office; and there is the man near the bottom of the class with a second-rate internship, who packs them in and tells you laughingly, "I don't know much medicine, but I sure in hell know how to practice it." There is the doctor who needs a laboratory at every turn and writes pages of history, and whose patients never seem to do well. Some doctors love pleasure in the form of horses, chorus girls, wine and fast motor cars, and they run off and leave their practices at a moment's notice. They do a first-rate job when they are on duty and the patients are loyal, ever so loyal. The best I could do after this session was to say that a good doctor gets people well, and if this is impossible, he somehow makes them feel better. There are such facets as civic consciousness, availability at night, and a deep sympathy for the ills of mankind, which are highly desirable in a doctor. But so are they in a good plumber or a volunteer fireman. Testing at the age of 22 for a future physician of competence seems like risky business. I am afraid that the testers might have told Schweitzer to stick to theology and Holmes to English literature.

It would be a mistake to think that my entire time in the cell was spent with such flights of fancy. There were studies to prepare for the following morning. In this department I found myself what might be classified as an erratic student. The pages were there, and I could read and understand; but to hold it, to fix the matter solidly in the higher centers where it would be readily available when the professor called—no, and why not? I had left the cloister and had too much contact with the world, and the world was crowding itself into my cell with an insistence that made me see at once the blessings of the student days. It was wondering how best to arrange the next holiday so that the children's vacations would coincide; the broker was advising a switch to bonds and I didn't want to pay the taxes on the capital gains; was grafting of arteries a thing to introduce into our small hospital now?

You will all want to know something about the curriculum, but I trust that you will spare me the agony of writing about anatomy. Gray is probably the most crashing bore who ever put pen to paper. There are new books which aim to make anatomy interesting and easy, by coloring the various parts of the body in brilliant hues a la Matisse, but they are written by Gray's first cousins who have definitely inherited the family proclivity for somnabulistic prose. And there is about the whole subject the pungent aura of carbolic and formaldehyde, which are only rivaled in their adhesive and penetrating qualities by the urine of the cat.

Preclinical teaching is changing so rapidly that one

can now visualize the time when there will be two courses—anatomy (normal, morbid, neuro, microscopic, etc.) and the enzyme systems. The latter are the enchanting chemical processes which make the body tick, or untick. Atropine and similar drugs are now conceived as substances that throw a hooker into the acetyl-choline enzyme system. Bacteria synthesize amino acids which are essential for their life and multiplication. The anti-biotics act as a plug, preventing the germs from working as efficient chemical factories. Even cancer, that most elusive of all killers, is now known to be related to a derangement of the enzyme systems that control normal growth. Gone are the hard lines between preclinical disciplines. Pharmacology fuses with bio-chemistry, and one may find a physiologist attacking a problem of disease or pathology.

This change in the emphasis of the material studied has also led to modified techniques in teaching. One can imagine the preclinical professors of 25 years ago as students at a grade school music recital. Each stood up to play his solo on the violin, piano or clarinet. The modern medical curriculum has moved into the mature area of orchestration where each player loses something of his individuality in order to take part in what is termed correlative teaching. What this means in practice is well illustrated by the nervous system, which used to be studied as parts of courses in anatomy, physiology, pharmacology and pathology. Under correlative teaching the whole business of the nervous system is summed up in one short course which is conducted by the members of many departments. Gone is the time when a teacher gives a series of worn lectures in order to discharge his obligation to the school for his monthly check, and then pursues his real love of research. Correlative teaching means that Mr. Chips has moved into the medical school.

A faculty committee of seven members was formed to make a careful study of preclinical teaching. It was an immense undertaking as shown by the fact that they met for 48 sessions over a two-year period. And, as if their problem was not complicated enough, the students decided to get into the act by organizing their own committee on curriculum. I did not hear the sentiment expressed, but one can imagine that there were groans of despair from some of the Faculty, "Why, the ungrateful wretches! They pay \$1 and get back \$7 from the School. What do they have to complain about?" But this is a tendency of modern youth. Even in the early 30's we knew good teaching from bad, and among ourselves we said some rather unkind things about the lousy course in . . . That was as far as it went. The new generation forms a committee and tells the Faculty in a lengthy report, "Here you have missed, there exceeded the mark." The old teachers would have echoed, "And if we let ourselves be lessoned thus, forsooth, nor made excuse, even then t'would be some stooping, and we choose never to stoop." (4) The present Dean is a very tolerant person,

and thinks that anyone who is interested enough to report on the curriculum should be heard.

The curriculum has been changed in many details, but as one surveys the total picture, what makes the greatest impression is the increasing importance of psychiatry, which has moved into the first year under the euphemistic title of Growth and Development. This is the result of a greater awareness that mankind is sightly gaga, for:

The chiefest of man's illnesses

Singly or collectively, is Schizophrenia.

At one time you love law, order, peace and harmony,
Against which the major crime is murder.

But ere long, ennui sets in.

Swords, daggers, cannon and artillery,

Finally compounded in the H-Bomb,

Make murder legal. (5)

The new generation of medical students realizes from deep introspection and varied experience that the combination of intelligence grafted on the animal is a difficult, if not impossible, mixture. They like the new emphasis on psychiatry, for there is the urgency of doing something positive to modify incompatibles; and they somehow feel that time is running out, and already it may be too late. Some of the faculty members whose immediate concern is getting people well from peptic ulcer, hypertension and pemphigus, do not favor the importance given to psychiatry. Since my position is that of a reporter, I will resist every temptation to jump in with both feet on this issue, and just stick to the objective statement of events and facts.

When I read over the foregoing pages, it seemed that this would be a good place to stop, lest the readers lost interest. Something might be said about a new assistant dean who works closely with the students, helping them to resolve their individual problems. The School is always broke, even though Uncle Sam foots 35% of the total budget. Plans are afoot for a separate library building. There are pages of notes and partially completed paragraphs which incorporate dozens, even hundreds of other facts, and there are changes in the clinical years also, not as striking, but considerable—but these must wait until another time.

Such is Harvard Medical School revisited. Such is my report on the new preclinical years, which even now are passing through the tumultuous throes of an even newer rebirth and revision. This is an objective-subjective report of a close second look.

BIBLIOGRAPHY

1. Boetius. *Consolation of Philosophy*.
2. Kierkegaard, S. *A Kierkegaard Anthology* (Princeton, 1946) pp. 22ff.
3. Taylor, Calvin W. *J. Assn. Amer. Med. Col.*, Vol. 29, 1950, p. 33.
4. Apologies to Robert Browning. *The Last Duchess*.
5. Notes on Man by Serenius.

Editorial

A DIFFERENCE IN IDEOLOGY

Soviet medicine, like Soviet society, has tended to remain an enigma to the West. This is due to no small extent, to the political secretiveness displayed by the Soviets regarding most aspects of the U.S.S.R. However, the very nature of medicine makes it impossible for it to remain strictly secretive even under a totalitarian regime; and as a result, a certain amount of information has come from behind the Iron Curtain.

Before the Revolution, there was little that distinguished Russian from Western medicine: both flowed from the main stream which had its origins in Western Europe. It was customary for the Russian doctors (as it was for American doctors) to journey to Vienna for post-graduate training. The Revolution completely isolated Russian medicine from the rest of the world. Independent medical associations were eliminated very early in the life of the Soviet regime on the grounds that they were counter-revolutionary. In their place, the regime established a medical organization of its own, staffed by trusted Party members, extremely centralized and dictating medical policy to all medical personnel.

Ideologically, Russian doctrine accepts certain trends in history as being relentless and unchanging. Russians accept the Darwinian theory of evolution and point with pride at man, communist man, as a splendid end product of this process. Russians are uncertain about psychiatry, accepting most of its theories but tending to oppose any medical emphasis placed upon the individual rather than on society as a whole. Paradoxically, the well-indoctrinated Russian feels that man, at least communist man, is or soon will be in control of his environment.

This need for environmental control may have led to the prevailing emphasis in Russia on the development and strengthening of public health. The main orientation of Soviet medicine is quantitative: it is a mass operation in which the most pressing problems of preventive medicine receive much more attention than the care of the individual patient. One should recognize that quantitatively the Soviets have made enormous progress since they took power, and are now producing two and a half times as many doctors as we are. There are 75 medical institutes (schools) in Russia, each with a much higher enrollment than in those in the United States. There are now more doctors per capita in Russia than in the United States. Since 1940, the yearly average net increment in the size of the medical contingent has been about 10,000 physicians. The number of hospital beds has not increased as dramatically, but progress has been impressive. In 1928, there were 247,000 beds; there are now more than 1,290,000.

The budding doctor in Russia begins his six-year course in medicine at the age of 18. He has no clear-cut college course as we envisage it. Such a student,

after graduation from his medical institute is assigned by this institute to a distant area as a general practitioner for three to five years. Following this period of time, a young doctor may move on to graduate work in a specialty or continue indefinitely as a general practitioner. The great majority of Russian doctors are general practitioners with a minimum of post-graduate training. Eighty per cent of the doctors in Russia are women, and these in turn comprise 90% of the large general practicing body. The specialists in various fields are at a higher echelon and are more likely to be men. Some specialists receive a monthly salary approximating \$2,500 and more (interestingly, to this may be added a small private practice income which is heavily taxed by the state). Those who make up the great group of general practitioners earn little more than the American elementary school teacher.

Social stratification is perhaps more developed in Russia than it is in America. For those in the upper reaches of society, medical and surgical care is above reproach. For the lower strata, medical care is good but more hurried, less sophisticated, and less personal. However, the Russian Medical Corps has now reached a size that is capable of giving medical and public health attention to the community as a whole. Moreover, in today's world situation, the Soviet medical experience is much more germane to the underdeveloped countries of the East and Africa than is our highly refined and extremely expensive medical care: these people are much more likely to try to duplicate the Soviet medical experience than the American one.

The ideological differences between medicine in Russia and in the Western World are profound. The officially granted prestige of the doctor in Russia is low and in many ways is similar to the elementary school teacher in our society: female, underpaid, taken for granted, and yet a vitally important cog in our lives and development. Direction for the doctor comes from the state above. The medical profession, as part of the Ministry of Health and subservient to it, is an employee group and not a corporate body. Although the Pavlovian heritage is there and idolized, research is mostly pragmatic and is carried through by one of the state controlled councils rather than by the individual. For this reason the stimulus for research that we associate with our universities is not present.

The doctor in Russian can come closer to stimulating the ideals of the outside world than can any other professional type there. In Soviet society, which is highly industrialized and secularized, the doctor is in a position to play the role of advice-giver, minister, and dispensation-giver (through the certificate of illness) to the population. Thus the doctor and medicine in general do provide some kind of sanctuary from the harshness of a totalitarian regime. In this regard medicine carries on the humane traditions of pre-revolutionary Russian medicine and the humanitarian Russian thinkers of the 19th century.

J. R. B.



Alumni Day, 1957

"This, I take it, is the instrument of 'Big Brother,'" remarked President Nathan M. Pusey, referring to the lapel microphone sported by the various speakers at this year's Alumni Day Symposium, held at the Medical School on May 30. (The loud speaker system distributing the voices of the morning's distinguished speakers throughout the Quadrangle prompted a second comment from Mr. Pusey, who conjectured that the arrangement was a smart move on the part of Dean George P. Berry to discourage class cutting, by the simple expedient of broadcasting lectures to the farthest corners of the School.)

Earlier in the morning, at the annual meeting of the Alumni Association, the new officers of the Association

were announced. Taking over the reins as President is Russel H. Patterson, '18. Charles C. Lund, '20, was named President-elect. New members of the Council (all of whom will serve a three-year term) are John P. Bowler, '19, Arthur T. Hertig, '30, and George Crile, Jr., '33. They succeed Chester M. Jones, '19, Fiorindo A. Simeone, '34, and Maxwell Finland, '26.

Retiring President, George P. Denny, '13, welcomed the returning Alumni and introduced Dean Berry, who outlined developments in the School during the past year, mentioning particularly the new curriculum for the first and second years; he went on to urge the fostering of the constructive relationship between the School, its Faculty and

the Alumni. During his opening remarks, Dr. Berry unsheathed the efficient weapon with which he is shown on the following page. This Japanese sword was a recent gift to Dr. Berry from Dr. John W. Baker, of the Class of 1881, the oldest living Alumnus of the School, who presented a similar sword to Dr. Thomas H. Lanman, Director of Alumni Relations. Dr. Baker had obtained both swords while on duty with the United States Navy in Nagasaki the year after his graduation from the Medical School. (The *Bulletin* has it on good authority that Drs. Berry and Lanman are not planning to take up arms to settle any differences of opinion.)

The meeting was then turned over to Moderator John Rock, '18, who



"Of course an officer couldn't lose his sword with dignity, and here, tucked into the scabbard is a knife with which to commit hara-kiri." Dr. Berry demonstrates the mechanics of his gift from John W. Baker, '81. . .

was also given custody of the sword, with authority to use it at his discretion, should any of the morning's addresses run overtime.

This year's speakers were led off by Dr. Charles A. Janeway, Thomas Morgan Rotch Professor of Pediatrics, who described his recent trip to Iran and India. He was followed by Dr. Robert H. Hamlin, Assistant to the Secretary of the Department of Health, Education and Welfare, who discussed the reorientation of medical education to meet the chal-

lenge of rapidly expanding research programs. Also among the morning's speakers were Dr. J. Roswell Gallagher, Assistant Clinical Professor of Pediatrics, and Dr. Arthur K. Solomon, Assistant Professor of Physiological Chemistry, whose respective topics were "The Medical Care of Adolescents" and "The Mission of the Biophysical Laboratory." They were followed to the rostrum by Thomas B. Quigley, '33, Assistant Clinical Professor of Surgery, who proposed a bill of rights for

the nation's school and college athletes. (Dr. Quigley's speech, "The Care and Feeding of Injured Athletes and Coaches," appears in this issue of the *Bulletin* on page 19.) Rounding out the morning's program was Frederick A. Collier, '12, Professor of Surgery and Chairman of the Department, at the University of Michigan Medical School, who discussed "Who Does Operations?"

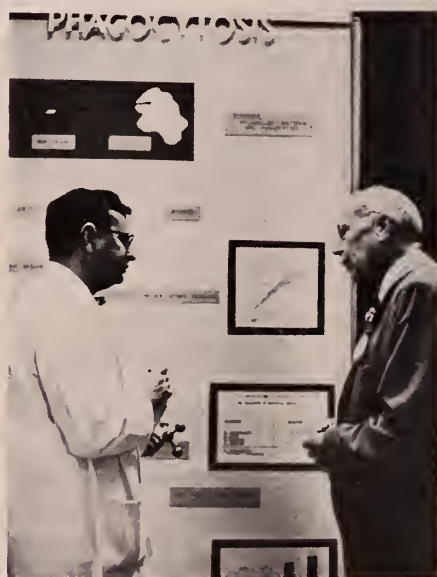
The President of the 25th Reunion Class, Frank B. Cutts, '32, pledged continuing interest and support to the School on behalf of the Class. Clear evidence of this promise of support was then presented by Class Agent Carl Walter, who announced the class gift to the School of \$50,000, the largest sum ever donated by a 25th year class.

President Nathan M. Pusey brought greetings from the University, and in a short address discussed the current and future demands on postgraduate and professional schools.

At the close of the Symposium, the audience dispersed to the Quadrangle for luncheon under the tent, from whence they gradually scattered, many to examine the exhibits set up in the Biophysical Laboratory, others to supervise the activities of Ted Williams & Company at Fenway Park, and still others to rest up for a continuation of the reunion festivities later in the day.



. . . and (unarmed) explains a point to Mr. Pusey.



James P. Leake, '07, on Laboratory tour

The Care And Feeding Of Injured Athletes And Coaches

Thomas B. Quigley, '33

Whenever young men gather regularly on green autumn fields, or winter ice, or polished wooden floors to dispute the physical possession and position of various leather and rubber objects according to certain rules, sooner or later somebody is going to get hurt.

This elementary fact was recognized very early in the history of Harvard sports and in 1890 Dr. William M. Conant, '79, a former player himself, was appointed the first doctor to the Harvard football team. Since Dr. Conant's appointment, there have been five surgeons to the Harvard Athletic Association (which perhaps is a measure of how much fun the incumbent gets out of it, inasmuch as there have been only these few over this long period of time). The department has grown from one doctor and a trainer to eight surgeons (all Board men), seven senior and junior trainers, an X-ray technician and a secretary. Medical attendance is now provided for every regularly-scheduled varsity, junior varsity and freshman contest in sports involving body contact.

As might be expected at Harvard, doctors associated with the Harvard Athletic Association over the years have not been content with treatment of injuries as they arise, but have devoted a good deal of time and energy to methods of prevention and



Dr. Quigley addresses the Alumni

to appraisal of various methods of treatment. From the beginning, records have been kept and studies published, as papers or books. When members of this department are called upon to speak on the subject of athletics injuries we are able to speak with absolutely flattening Teutonic heavy-handedness, because our experience is really pretty great. This mass of accumulated data and experience is the largest in the world, and the present organization of the medical department of the Harvard Athletic Association is the most elaborate of any university.

As it has evolved, the organization is more comparable to that of military medical service than anything else. At the present time, the senior

member of the department is the chief surgeon, who is concerned largely with matters of general policy, strategy and consultation. At the tactical level is the surgeon, whose headquarters are the medical rooms in the Dillon Field House, where complete X-ray, minor surgical, physical therapy and rehabilitation facilities are available. The implementation of policy and the application of the accumulated experience of the past 68 years are his immediate responsibility. Associated with him are seven associate surgeons, each assigned to a particular squad—varsity football, junior varsity football, freshman football, House football, soccer and lacrosse, hockey and crew.

Each team surgeon is responsible for the welfare of the members of his squad. He attends every practice session and game and keeps day-to-day typed records of the state of every injury which is sufficiently severe to keep a player from one or more practice sessions or games. Working with the surgeons is the corps of trainers under the chief trainer. As far as possible, trainers are assigned to the same team and the same surgeon. In the fall, when upwards of 500 young men indulge in contact sport every afternoon, the organization is at its busiest.

Team surgeons can thus be compared to battalion or regimental surgeons, and the Dillon Field House and Stillman Infirmary to an evacuation hospital. The coaches represent command and the surgeons their medical advisors. Tradition and common sense have established the

Editor's note: This address was given on the occasion of the Alumni Day Symposium, May 30, 1957. Dr. Quigley is at present Surgeon to the Harvard Athletic Association.



"DOC, I WISH YOU'D TAKE A LOOK AT MY LEG."

Reprinted from THIS WEEK Magazine. Copyright 1946, by the United Newspapers Magazine Corporation.

"This is a routine view of the halves room under the stadium. Note the expression on the doctor's face, quite typical of the situation."

surgeon's word as absolute law. No one can override his decision to remove a player from the field. In the heat of "battle," a surgeon's decision can make him an extremely unpopular person for a short time, and the greatest resistance is usually encountered in the player himself.

On Saturday afternoons in the Stadium the organization is on public display. Two doctors and the chief trainer sit on the bench. The surgeon runs onto the field and assesses the severity of an injury. (He has been subjected to much criticism, usually destructive, as to his method of running.) When he finds it necessary to remove a player from the field, he signals to his associate, surveys the situation and reports as quickly as possible.

Sometimes the decisions which must be made under these circumstances lie in certain special fields of medicine. In recent years a group of consultant specialists have been of great assistance. These consultants are leaders in their particular fields associated with the Harvard Medical School. Each is given two tickets on the 50-yard line to every home game, and is asked either to use these seats

personally or see that an equally qualified specialist uses them. The seat numbers are known and when the particular skill of a consultant is required, he can be called almost instantly to the halves room.

From one point of view, the 1948 Yale game was won by the consultant in ophthalmology. Early in the game the quarterback sustained a scratch on his cornea and was removed from the game, squinting in such a fashion that he could hardly see. The nature of the injury was spotted by the consultant from his place in the stands, and by the time the player reached the halves room, he was present with his special instruments. In a moment he was able to make a diagnosis, to relieve the player's squint and to return him to the game four plays after he had left—and we won the game. This could hardly have been done by anyone but an ophthalmologist, and under other circumstances the player would have been unable to play for the rest of the afternoon.

Experience with the Harvard Athletic Association has proved to be most interesting for the doctors on the staff. Nowhere else in peacetime

can the natural history of injuries be studied from the moment of occurrence, and the comparative value of various methods of treatment so well assayed. Soldiers Field is an excellent laboratory, and the results of observations made there have extended far and wide.

Sometimes things a little out of the ordinary occur. On one occasion Dr. Edward H. Nichols, '86, surgeon from 1905 to 1921, noted that a player had suffered a blow on the head and seemed to get to his feet rather slowly. The Harvard captain called time out, and Dr. Nichols ran out on the field. He had previously worked out a simple set of questions which, together with a good look at the player, would help him determine whether a blow on the head had resulted in confusion, disorientation or lack of judgment. These questions concerned the date, the score of the game, the time of day and other simple subjects. The injured player knew this full well and knew that if he failed to answer these questions accurately, Dr. Nichols would certainly remove him from the game. As Dr. Nichols ran onto the field, the player ran toward him shouting in a clear voice, "It is Saturday afternoon, we are playing Dartmouth, the score is 7-0, and I feel fine." Dr. Nichols promptly did a neat curve in his run and returned to the bench without further ado.

In 1941, a minor concussion produced a remarkable series of plays in the Yale Bowl. Both teams were excellent. There was a great deal of tension, which is normal and healthy. We received the kickoff. Our quarterback (now a distinguished member of the diplomatic corps of the United States) stood up and reeled off a series of signals which he later found out were incomprehensible to the other ten members of the team. Each of the ten members said to himself, "I'll bull this through," and we were thrown for a considerable loss, but maintained possession of the ball. This occurred a second time, and once more Harvard was thrown for a loss. On the third down, as he once more began to chant a strange series

of numbers, the right end suddenly stood up and called time out. There was a brief conference with the captain, and the quarterback was removed from the game. (He was, in fact, removed with some difficulty.) It developed that a blow on the head in the first play of the game had temporarily erased from the quarterback's mind the previous four years of his football career, and he was calling the signals he used in his senior year in prep school, where he had also played as a quarterback. The end had played on that same team, and fortunately recognized the signals.

On another occasion, time out was called, and the surgeon, disturbed by the bemused appearance of a player who had his thumb in his mouth and was studying the turf of the Stadium very intently, ran out onto the field. Presently the officials and several players of both teams were on their hands and knees crawling around the site of the preceding play. The spectacle was naturally quite bewildering to the spectators, and a deep silence fell on the entire Stadium. What had happened was that the player in the previous play had lost an artificial tooth, together with its attaching gold wires. Unfortunately the tooth was not recovered, and a few moments later the game was resumed. No announcement was made of the cause for this peculiar behavior on the part of those on the field, and there are probably a considerable number of spectators who are still wondering about the incident.

The facilities of the Harvard Athletic Association's medical department are not confined to students participating in organized athletics. A doctor is on duty at the Dillon Field House throughout the remainder of the academic year from five to six in the afternoon, and is kept quite busy with the results of skiing, minor sports and the ordinary injuries of everyday life.

The question might reasonably be asked whether all this elaborate medical care is necessary, since the very great majority of injuries are minor, heal eventually (even if untreated)

and produce no disability. The rebuttal to this point of view is easy. The decision as to whether or not an injury is potentially severe and disabling or minor, is one which can at times call for considerable judgment. The doctors on the staff of the Harvard Athletic Association serve primarily in a diagnostic capacity; treatment is largely carried out under their direction by the staff of trainers. The doctor for the Harvard football team has always gone on the field himself. To miss one severe or possible permanently disabling injury is worse than losing every game in a season. While the great majority of injuries would heal eventually without disability, the time of healing can be greatly accelerated by accurate diagnosis and treatment, and an accurate prognosis is of great help to the coach in his plans for the following weeks.

This system of medical care of athletes unfortunately is not often encountered outside the Ivy League. All too often one finds gymnasias, rinks and stadia of impressive size and beauty, presided over by coaches whose annual incomes are truly amazing by academic standards, but with medical facilities relegated to a back room near the showers and a footnote in the annual budget.

The concept of "athletics for all" is rapidly spreading, and the growing problem of medical care of athletes in high schools and colleges can perhaps best be expressed from the point of view of the player. It would seem reasonable that today he is entitled to certain rights. These are:

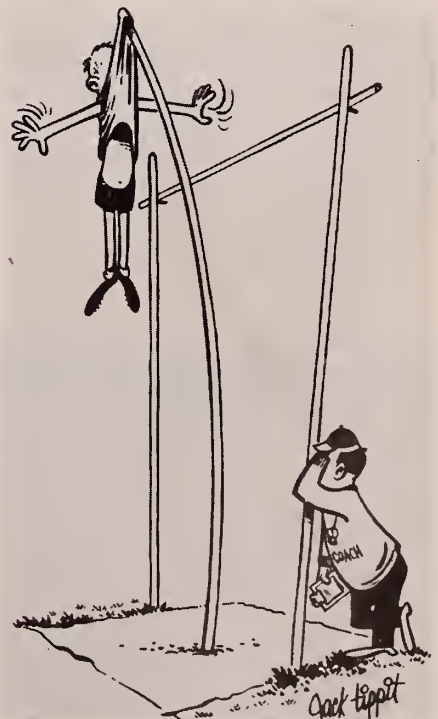
(1) **GOOD COACHING.** This has practically been realized. The coach who teaches unsportsmanlike tactics to win at any price is almost extinct. Almost all coaches today are competent instructors in the technical aspects of the game, ignorance of which of course increases the incidence and severity of injuries.

(2) **GOOD EQUIPMENT.** This, too, can easily be achieved. The equipment manufacturers take their responsibilities seriously and are continually modifying and improving the various types of armor worn

in contact sport. The problem lies in the false economy of using worn-out, outmoded or ill fitting gear. The outfitting of a team is no place for penny pinching.

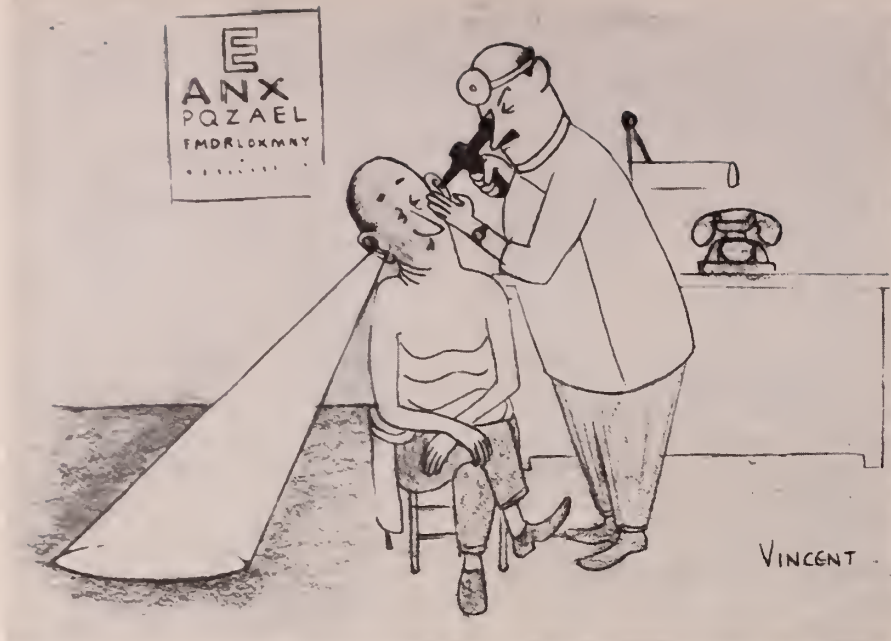
(3) **GOOD MEDICAL CARE**—which has three aspects:

First—a thorough preseason history and physical examination. This is the most important single factor in the prevention of injuries. A considerable number of the tragedies which occur every year are due to medical conditions such as heart disease, hypertension and diabetes, which were not recognized and usually constitute contraindications to participation in contact sport. For many years at Harvard, loss of function of one of any paired set of organs has also been regarded as a contraindication. This rule produces an annual crop of unhappy young men who seem to have played for years in high school with one testis, kidney or eye, but we have made no exception. Other less potentially dangerous sports are available, and no game



Reprinted by Special Permission of the SATURDAY EVENING POST. Copyright February 2, 1955, by the Curtis Publishing Company.

"Track, too, has its share of injuries, and not all trauma to coaches is physical."



Reprinted by Special Permission of the SATURDAY EVENING POST. Copyright November 1, 1952, by the Curtis Publishing Company.

"And then there are the visiting players, notably those from New Haven. We have long maintained a policy of care to visiting teams."

is worth the risk of blindness, death or castration.

Another important aspect of the preseason examination, particularly in high schools and preparatory schools, is the proper matching of players. Boys grow at different rates. Some at 15 have mature and well-coordinated musculoskeletal sys-

tems. Others are small and soft, having barely entered the wondrous years of adolescence, and still others are large boned, skinny and incoordinated, being in a period of rapid bone growth, with barely compensated nerves and muscles. To mix these types on a team is to look for trouble. This is an area for coopera-

tion between coach and doctor. Well-matched teams are much safer and much more fun for all concerned.

Second—A doctor should be present on the playing field at every scrimmage and game. To leave to a trainer or coach such decisions as whether an injured player should continue play or be removed, and if removed, whether he should be carried or walk off the field, is to gamble with the player's future with the cards stacked against him.

Third—The doctor's authority in matters medical should be absolute and unquestioned. This principle is the measure of a good coach. Almost all coaches today are happy to leave medical decisions to the medical profession. They have enough difficult decisions and problems as it is.

This bill of rights is to be considered at the next meeting of the new A.M.A. Committee on Athletic Injuries. It, or something like it, will probably be published as the official view of the American Medical Association. It is to be hoped that all Alumni of the Harvard Medical School will lend support when the problem arises at a community level, even though it might pinch their pocketbooks a bit in increased taxes.



Reunions



1907 trio. Left to right, Drs. John Rice, William Brickley and Albert Hunt

FIFTIETH REUNION

Twenty of the twenty-eight living members of the Class of 1907 came back for the Fiftieth Reunion—Allen, Ayer, Brickley, Carr, Devaney, Fraser, Higginbotham, Hunt, Huntington, Leake, Lothrop, Matthewson, O'Connor, Pratt, Rice, Riley, Smith, Stanwood, Sturtevant and Walker. The eight other members all had some note in the reunion report. Considering the number of years since graduation, everyone seemed in remarkably good health. Time had left a few scars, but they were not too deep.

The group lunched together in the Quadrangle. (We had been the first class to use it for graduation exercises.) Then we had a group picture. The high spot of the day was dinner at the Harvard Club, with Dean Berry as our guest. He told us a wonderful story of the Medical School and its high standing in the educational world. Everyone was impressed with what he said, but even more by the supreme leadership which he is giving to our School. We are very grateful to him for being with us and proud to have

had connection with the Harvard Medical School.

RICHARD M. SMITH

JAMES B. AYER

Reunion Chairmen.

FORTY-FIFTH REUNION

After the Alumni Day exercises at the Medical School, a formal class picture was taken in the Quadrangle, and then the twelve members present were assigned to three cars in accord-

ance with whether their baggage was at the Harvard Club, the Statler, or in their hands.

Later in the afternoon the twelve men arrived at the "Ship's Cabin" in Marblehead. They were: Louis H. Bauer, New York City; Joseph A. Donovan, Houlton, Maine; Herbert H. Howard, Delray Beach, Florida; Frederick A. Collier, Ann Arbor, Michigan; Lewis W. Hackett, Berkeley, California; Francis M. Rackemann, Boston; A. William Reggio, Medfield, Massachusetts; Eugene W. Rockey, Portland, Oregon; Orville F. Rogers, New Haven, Connecticut; Philip D. Wilson, New York City; MacIver Woody, Elizabeth, New Jersey; Raymond A. Tearnan, Munising, Michigan.

We had a delicious lobster dinner in a good-sized room which had been reserved for us on the third floor of the "Ship's Cabin."

After dinner the Class Report was reviewed, under the guidance of Dr. Wilson. Each name was considered to see whether any of those present could add to the information presented by the Secretary. A few corrections were made, and these will be included in the Fiftieth Report, to be presented in 1962.

Where were the other men? A letter from Sammy Alter and a tele-



The Fiftieth Reunion Class poses in the Quadrangle



1912

gram from Malcolm Elliott were read, and on June 4 a letter was received from Jack Smillie. But what about the others? Some of them are sick and incapacitated, but if Gene Rockey could come all the way from Portland, Oregon, Lewis Hackett from California and Fred Collier from Michigan, why is it that any healthy member who lives in Boston, or even in New York, should be absent? It was clear that the absentees had missed another chance of improving their friendships.

In the meantime, the events of the day were considered, and particularly the report of the Twenty-fifth Anniversary Class (1932), presented by Dr. Frank B. Cutts of Providence. The gift to the School of \$50,000 from this twenty-fifth class was impressive, and it led to the question of what our class might do between now and our Fiftieth Reunion. The 1932 figure is, of course, cumulative, and in that sense our class, too, has already made a considerable contribution toward a prospective total of at least \$10,000. Our class is small, the members are not wealthy, and whether our goal should be set at \$10,000 or at a higher figure will be considered carefully by the Class Committee, composed of Collier, Rackemann, Reggio and Wilson.

The meeting was dissolved before

midnight, and we all slept well in the comfortable rooms at the "Ship's Cabin." Breakfast on Friday morning was, as usual, a congenial occasion. Another picture was taken on the veranda before we had to say goodbye and return to Boston.

Our class has indeed become a group of intimate and delightful friends.

FRANCIS M. RACKEMANN,
Reunion Chairman.

FORTIETH REUNION

Thursday, May 30th was a perfect day for the Fortieth Reunion of the

Class of 1917 at the Harvard Medical School. The members of the class began to spy one another soon after registering, either in Building D or sitting in the Quadrangle, where some heard the speaking instead of sitting in the crowded amphitheatre. The speaking was excellent and told us a good deal about different phases of medicine in the Harvard Medical School, such as the new biophysical laboratory or other things of medical interest. Quigley's remarks and pictures brought forth much laughter. Nothing could have been funnier than his story of the stopping of the Harvard-Dartmouth football game while the members of the two teams patted the ground. Finally the surgeon, presumably Quigley, rushed out on the field and found that they were looking for a denture of one of the players, but the spectators never did find out what it was all about.

We gathered together in the tent for luncheon and those present were: Brown, Cunningham, Surls, Wearn, Lurie, Kennison, Hall, Jacobson, Norbury and Parkins. The luncheon was good and the atmosphere and setting were superb. After lunch some of us went through the exhibit in the biophysical laboratory and tried to understand experiments being done with radioactive isotopes. This exhibit was in the expanded quarters of this department in Building D. Later we met at the Harvard



1917 at dinner in the Harvard Club

Club, and Maloney, Shirley, Fitzgerald and Adams (tightly corseted and on leave from the Phillips House) joined us. Here we were also joined by the Mrs. Lurie, Parkins, Wearn, Cunningham and Hall. Parkins chaired the meeting. Norbury read a list of the members of the class no longer living, and we stood for a minute of silence in their memory. After that, each man present was invited to tell of what he was doing or to recall schoolday memories. There was a great deal of merriment and we all enjoyed it immensely. We left feeling that it had been a most worthwhile reunion and resolved to meet again in five years and to induce other classmates to join us.

Parkins was elected president for the 45th Reunion.

Brown, Hall, Adams and Lurie were chosen for the committee of the class for the Forty-fifth Reunion. Lurie was elected treasurer.

FREDERICK R. BROWN,
Reunion Chairman.

THIRTY-FIFTH REUNION

Twenty-six Classmates and fifteen wives attended one or more functions of our Thirty-fifth Anniversary Reunion. The Donald Lums came from San Francisco, the Francis Findlays from Arizona, the Jerry Heads from Chicago and the Herbert Salters from Cleveland. We first met at the Harvard Medical School scientific program and Alumni luncheon, Thursday, May 30th. That evening there was a cocktail party at Howard Sprague's in Brookline, followed by dinner at The Country Club. At the dinner we stood for a short interval in memory of the 18 classmates who had died; then Howard Sprague gave an entertaining talk; we sang some old songs, the words of which were projected on a screen; and Myles Standish showed a movie reel he had taken at our Twenty-fifth Reunion and some lovely kodachrome slides he had taken at scenic places in the West.

The following day we met at noon for cocktails at Colket Caner's in Manchester, and then enjoyed a



1927 and their wives at the Harvard Club with guest of honor Dorothy Murphy

shore dinner on the beach. We were lucky to have a very fine day for this party. A few pitched horseshoes afterwards.

Those who came to the Reunion seemed to enjoy it a lot, and there was some expression of interest in having reunions more often.

G. COLKET CANER,
Reunion Chairman.

THIRTIETH REUNION

The Thirtieth Reunion of the Class of 1927 on Alumni Day, May 30, 1957, was as fine as the weather, which is saying a lot. To most of us, the high point of the morning symposium was the lively paper by T. B. Quigley on "The Care and Feeding of Injured Athletes and Coaches." Also worthy of mention was the remark of F. B. Cutts, '32, who, when describing the extreme difficulty of doing something, said it was "like catheterizing an unanesthetized wild cat with a piece of wet macaroni." That noon, while the husbands were meeting old friends at the Alumni Association lunch in the Quadrangle, about 15 wives were enjoying an excellent luncheon in the nearby Jimmy Fund Building, thanks to the generosity of classmate Sidney Farber.

After lunch all classmates joined the wives at the Jimmy Fund Building and enjoyed a most interesting

series of papers by their own classmates, arranged by Alex Marble. Reece Berryhill, Dean of the University of North Carolina Medical School, spoke on "Medical Education—Changes from 1927 to 1957." Jim Sacchetti, Associate Director of the Boston City Hospital, spoke on "Shortage of Nurses and the Value of the Licensed Practical Nurse." Allen Johnson of Springfield, Massachusetts, who has had much experience in such matters, spoke on "Grievance Committees and Public Relations," and Jesse Carr, Professor of Pathology and of Legal Medicine at the University of California, San Francisco, spoke on his experiences in Indonesia, where he has just spent two years setting up a department of clinical pathology in the University at Djakarta. His many colored slides were a feature of his talk.

There was barely enough time to get to the Harvard Club, where classmates and wives, to a total of 50, had an enjoyable cocktail hour and dinner, with Dick Chute acting as toastmaster. Dorothy Murphy of the Dean's Office was the guest of honor. Since she had been 1927's "friend at court" during their four years in H.M.S., she was received with enthusiastic acclaim. A prize consisting of a framed aquatint of the H.M.S. Quadrangle was presented to Jesse Carr of San Francisco and to Ted



1932 on the steps of Building A

Hyde of The Dalles, Oregon, as the two who had come the farthest to attend the Reunion. Remarks and stories by various classmates, including Lang Parsons, and a dissertation on the effects of climate on health and disease by Bob Herzog topped off a very happy and sociable evening.

A number of classmates stayed for the Class of '57 Graduation Exercises and lunch in the Quadrangle the next day. All in all, it was a highly satisfactory and sociable Reunion.

The list of classmates who attended all or part of the Reunion, about half of them with their wives, follows: George Ballantyne, Reece Berryhill, Sam Brown, Bill Burke, Ben Carr, Jesse Carr, Dick Chute,

Lou Diamond, Herb Elias, Si Elliott, Sam Epstein, Sidney Farber, Ernie Fish, "Mickey" Freedman, Louis George, Henry Hanley, Bob Herzog, "Doc" Hurd, Ted Hyde, Allen Johnson, R. Fulton Johnston, Abe Kaplan, Charlie Kickham, Bill MacCready, Bill Marlow, Don Medearis, John Pallo, Lang Parsons, Jim Sacchetti, Jim Sagebiel, John Sears, Oscar Simpson, Maurice Tolman and Dan Troppoli.

RICHARD CHUTE,
Reunion Chairman.

TWENTY-FIFTH REUNION

With an assist from some of the finest weather that New England can and occasionally does produce, the silver anniversary celebration of H.M.S. 1932 began on the morning of May 30th with registration in the Faculty Room of Building A. Sixty-eight members, accompanied by forty-seven wives, signed in and received their badges. Thence to the refurbished amphitheatre of Building D, where the indirect lighting, air conditioning and upholstered seats provoked many expressions of awe. Recalling the ease with which sleep overcame many of us on the old hard, reversely inclined seats, it was the consensus that such modern environmental competition probably has stimulated more inspired lectures to today's medical students.

The formal portion of the Alumni

Day program consisted of a series of interesting presentations by various members of the Faculty, augmented by appropriate remarks from President Pusey and Dean Berry. Moderator John Rock, equipped with a Japanese sword and a desire to use it if necessary, insured completion of each paper within its allotted time. As part of the morning ceremonies, Class President Frank Cutts addressed the audience and introduced Carl Walter who presented the Class gift of \$50,000 to the School. Luncheon in the Quadrangle, in addition to alleviating hunger pains, provided opportunity to chat with old friends from other classes. The ladies meanwhile amused themselves with a luncheon and tour at the Museum of Fine Arts.

In the evening, husbands, wives and progeny assembled at the Algonquin Club for the Class Dinner upon completion of which the ladies and children were trundled to a Pops Concert. Our evening was highlighted by the presence as guests of honor of a number of Faculty members, active in our instruction 25 years ago. Present were Drs. J. Lewis Bremer, Patrick F. Butler, Edward Churchill, Channing Frothingham, Chester Jones, William E. Ladd, Charles F. McKhann, Frank Ober, Harry Trimble and Irving J. Walker, a group so distinguished as to attract television coverage by WNAC-TV. Dr. Walker, on behalf of the Class of 1907, presented us with a gift of champagne.

Part of the evening's entertainment consisted of a re-showing of a silent (fortunately) movie, entitled the "Stomach Tube Derby," an extravaganza produced and directed by Tom Shipman 27 years ago, when the Class, exploring the mysteries of clinical pathology, was attempting to pass Levine tubes on a) themselves and b) each other. Needless to say, the screen was full of reverse peristalsis of all degrees of severity. Following the Pops concert, the ladies rejoined their husbands for sandwiches and coffee, and so to bed.

The morning of May 31st found most of us back at the Quadrangle



Harold R. Levine and Edgar S. Gordon celebrating their 25th.



1932 Wives' Committee, assisted by Miss Field of the Dean's Office (standing)

for Class Day exercises, followed by luncheon on the house, at which the wives and children also were welcome. The afternoon was occupied with an informal session in the common room at Vanderbilt Hall, moderated in part by Mark Altschule, and in part by beer and pretzels. Reunion festivities were concluded with a dinner dance at The Country Club, Brookline, attended by 84 class members and wives with Dorothy Murphy and Mr. and Mrs. Barrett Wendell, Jr., as guests. The evening demonstrated that the members of H.M.S. 1932 spiritually have retained their youth; have lost none of their pre-Repeal capacity; and have improved their dancing.

GEORGE F. WILKINS,
Reunion Chairman.

TWENTIETH REUNION

The Twentieth Reunion of the Class of '37 was a pleasant affair despite poor attendance. Activities began with congregation of the men on Alumni Day, and reminiscence became vivid and pleasant as cold beer and a fine lunch was consumed in the Quadrangle. The group disbanded without being able to decide whether to vote Bart Quigley the actor or traumatic surgeon of the

year. No doubt revived by substantial naps, the men and their wives assembled at Joseph's Restaurant for dinner. All agreed that no one looked one bit older than when the Class graduated twenty years ago. Frankly the men appeared quite fit, but the only measurable evidence of vigor was the consumption of sizeable amounts of Lobster Savannah.

It was a subdued group that gathered at Swenson's Manchester house

the following afternoon. Although golfing, tennis, boating and sailing were provided, the majority were happy just to sit and consume beverages—with commendable moderation. This lethargy was hard to reconcile with the commonly champion opinion held by the men—not their wives—that they had aged but little in twenty years.

The dinner dance at the Essex County Club was a great success due to the fine food provided by Oscar, the Club's rotund chef, and the superb music of Herbie Sulkin and his band. Music from the thirties was requested, and the band rendered it with a rhythm rarely heard these days. The men disbanded, quite satisfied with themselves after having elected the absent officers, Joe Frothingham and Frank Paddock, to serve on a committee with George Gardner and Al England, both also absent, to raise the Twenty-fifth Reunion Gift.

ORVAR SWENSON,
*Reunion Activities
Co-Chairman.*

FIFTEENTH REUNION

The Fifteenth Reunion of the Harvard Medical School Class of 1942 was attended by approximately forty slender, vigorous young phy-



1937



1942 at Kresge Hall, Harvard Business School

sicians with bushy, pigmented hair (see picture), accompanied by their equally young and slender, but in addition, pretty, wives. Several came from afar. Hutter, Rigby and Gentry, all from California, took the long distance prize. Also from the West came Skinner from St. Paul, Christiansen from Salt Lake City, Newstedt (with a new and altogether delightful bride) from Cincinnati, Paul from Chicago, Millet from Utica, and Weiner from West Newton. From the South traveled Farrell from Miami, Williams from Richmond, Patterson from a place called New Bern in North Carolina, MacPherson from Georgia, and Mendeloff from Baltimore. The remainder represented New Jersey, New York, and of course, New England.

Things started off smoothly early on Thursday when Don Baker, the Treasurer, handed the books and money bag to the first classmate he ran into, Gene White, and asked him to collect a few dollars from all members. He (Don) then went out for a round of golf. On Thursday evening the group assembled at Kresge Hall, a rather tony dining and recreation emporium which the Business School sees fit to maintain for its future Captains of Industry. Cocktails and dinner were followed by a short but excellent discussion by Rich Warren, M.D. who seems to have been adopted by our Class to speak at each reunion. The almost

fantastic tolerance of several of our members is attested by the fact that those in the back row in the picture are standing, after cocktails, on small, wobbly chairs. This is not to be interpreted as a reflection on those seated on the floor in front.

On Friday a clambake was held at the Spruce Hill Day Camp (known alternately as the Spruce Mill Country Club, as it came to be called during a discussion Thursday evening on how to get there) in Burlington, Mass. (Note to other classes who might plan to use this ideal location for an outing—Beware of the map provided by the Alumni Office!!!) During the day a few stalwarts demonstrated their lingering ability with a baseball and bat, several swam—notably Newstedt, Hutter,

Hinkle, and Bill Baker, but most preferred to sit around watching, drinking beer or something and eating chowder, clams, lobsters, chicken, etc.

All in all it was a most successful gathering. The Reunion Committee composed of Bigelow, Baker, Callow, DuToit, Farmer, McDermott, Nabseth, and Osborne who labored diligently night after night making plans in the pub in the cellar of the Harvard Club, were gratified at the results. They wish to thank all those who attended the 15th and sincerely hope that these plus many more will be back for the 20th and 25th.

DOUGLAS A. FARMER,
Reunion Chairmen.

TENTH REUNION

On May 30, 1957, members of the Class of '47 met for the morning exercises at the Medical School. A report on the proceedings that morning is published elsewhere. The afternoon festivities saw a few of us meet as a group at Fenway Park to follow the antics of Ted Williams and were fortunate enough to see the Red Sox win a doubleheader, which is rare enough in itself to have created a successful reunion. We all regathered at the Algonquin Club for a join cocktail party with husbands and wives, followed by separate dinners (a phenomenon that was dictated by an overwhelming percentage of the class in a pre-reunion



1947 gathers at the Dedham Country and Polo Club



Richard Ross, '47, (right), explains a fine point to classmate David Howell.

poll). The distaff side proceeded after their banquet to attend the Pops, while the Graduates of '47 spent the evening with informal consultation and good times.

The following day, 21 members of the class gathered at the Dedham Country and Polo Club, as soon as their heads cleared, for an informal day of golf. The remainder of the class and their wives, a sum total of 77, gathered for tennis matches and other forms of outdoor relaxation.

A late afternoon cocktail party for all members and wives preceded a sumptuous, old fashioned New England clambake with lobster, clams, corn on the cob and all the fixings. Those of us with stricter diets and weakened livers left earlier, while the healthier spent the rest of the evening in informal wining and dancing.

The highlight of the evening was a telegram received from the California group who met in Castro Valley, California, and sent us their greeting. It meant a lot to those of us here. The group included Drs. Mac Olney, Y. Y. Tang, Alex Rogerson, Don Minkler, W. W. West, Bruce Fisher and R. T. A. Knudsen.

The Reunion was a total success, both in regards to the weather and

the turnout, and it was felt that we will all gather with continued enthusiasm five years hence for a repeat performance. May the example set by Spear, coming all the way from Florida, Avery, coming all the way from Colorado and Nate Davis, coming all the way from Wisconsin be a stimulant to you all in five years:

HERMES GRILLO

JOHN BROCKHURST

NORMAN SELVERSTONE

WILLIAM R. MACAUSLAND, JR.,

Chairman,

10th Reunion Committee.

FIFTH REUNION

Our Fifth Reunion was a bang-up success, with even a better turnout than we had anticipated.

Forty-two familiar faces of '52 were on deck for all or part of the two days, and of their number 28 were from Boston, another 14 from places distant. The special commendations for distance traveled to our reunion go to Van Spruiell, who came all the way from New Orleans, and Neil Thorlakson from Seattle! Others who packed up and made the trek were Hal Atkins, Grimes Byerly, Larry Carlton, Will Cochran, Roy Grinker, Bill Joyner, Will Kraus, John Loop (a bridegroom of 12 days!), Mortimer Lorber, Bob Potter, John Reichard and Al Senft. Adding to this group were the local

(Boston) M.D.'s: Will Aikman, Jim Donovan, Tom Dowling, Bob Dudley, Dick Emerson, Jim Feeney, Bob Fornshell, Henry Grunebaum, Bill Hancock, Hardy Hendren, Charlie Huggins, Sam Katz, Ed Kelley, Stan Kent, Sue Lamdin, Ken Lance, Brick Leinbach, Bob Lincoln, Kathy and Lou Mogul, Bill Morgan, Al Palubinskas, Bill Rachlin, Art Salisbury, Paul Shapiro, John Shillito, Peter Teel and Harry Webster.

Nearly everyone brought his wife along for the occasion, and there were many fine children in evidence at the picnic.

Alumni Day with its interesting talks and buffet luncheon was followed by an evening of cocktails, dinner and dancing. The picnic the following day in Concord was good fun, with made-to-order weather.

It is interesting that our group present was divided almost 50-50 between those enjoying the lush benefits of private practice, and those of us still in white suits with no visible means of support.

We all had a good time, were glad we came, and hope even more will turn out for our tenth, by which time we hope white suits will be a relic of the past for everyone!

JIM DONOVAN

BOB FORNSHELL

SAM KATZ

HARDY HENDREN, *Chairman*

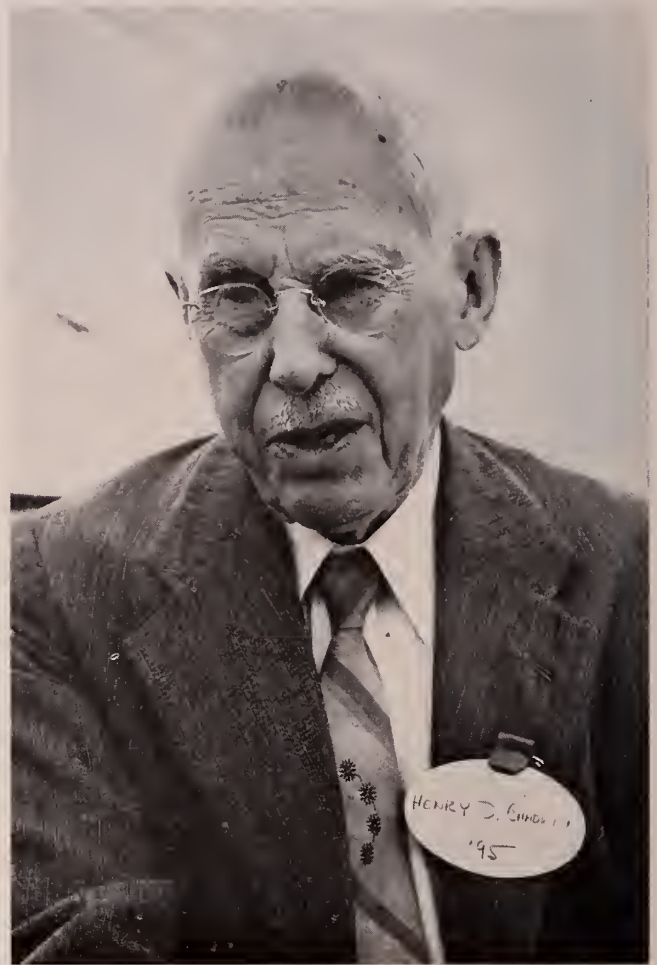
5th Reunion Committee.



1952 poses during the cocktail hour



Left, Francis M. Rackemann, '12, in conversation with George C. Shattuck, '05. Below, one of the senior Alumni, Henry D. Chadwick, '95.



Under the Tent

Alumni Day Photographs

by William Tobey



1947 conviviality

Tentpole huddle—Frederic A. Stanwood, '07, and Elliott Joslin, '94.



Left: 1932 conclave—Robert Lee Patterson, Jr., John D. Houghton, Willis F. Hume and Arthur C. Yengling.



James B. Ayer, '07, stops for a word with classmate John E. Rice.



Class Day

The spectacular spring weather of Alumni Day played a return engagement the following morning, May 31, for the annual Class Day ceremonies, held in the Quadrangle for members of the Class of 1957 in the Medical School and School of Dental Medicine. The graduating class and their families (of varying ages) were serenaded by the Harvard University Band, welcomed by Dr. Roy O. Greep, Dean of the School of Dental Medicine and addressed by Dr. Francis D. Moore, Moseley Professor of Surgery and Surgeon-in-Chief of the Peter Bent Brigham Hospital (whose speech, "The Clouded Crystal Ball," appears on page 7). Previously, the Class History was given by Carl D. Brunsting, and honor awards were presented to 13 members of the graduating classes of the two schools. (At right, Frank B. Cutts, '32, President of the 25th Reunion Class, presents the Harvard Medical Alumni Association Prize to John Leeman Lewis, Jr.) Among other award winners was M. Judah Folkman, who received the Borden Undergraduate Research Award in Medicine, the Soma Weiss Award and First Prize of the Boylston Medical Society. The ceremonies came to a close with the Oath of Hippocrates and the Valediction given by Dean George P. Berry.





A retrospective view



Spectator finds decision difficult . . .



. . . experiment perilous



Award-winner Judah Folkman with his parents and Miss Rosalind Frug



"Let's eat!"

A CLASS OF NOBODIES

1957 CLASS HISTORY ADDRESS

Carl Brunsting, '57

Well here we are, four years older, several thousand dollars deeper in debt, millions of foot-pounds lighter. Here we are, our confidence completely shot. It's been a subtle thing, this medical school experience. Not a brain washing, really. No, much gentler than that . . . a cleansing of the convolutions. Here we sit, the Class of 1957, row upon row of uniformly gleaming cerebri.

Each class is said to have its own personality, which it is the task of the Class Historian to characterize. This year, that task is particularly difficult. Not because we are so different, but because we are so much the same. Let me be clear. As sensitive and as feeling human beings we remain unique. For me, one of the greatest pleasures was coming to know so many remarkable people here. But as medical students—or “new doctors” now—we are almost interchangeable. Something has happened to our sensitivities and to our feelings. Our personalities have been trimmed from the medical mold. We are a class of nobodies.

One reason we react so much alike is that we find a comforting harmony in being “one-down” together. In a fast game of rounds, playing against such advanced

gamesmen as house officers and visits, the clinical clerk is continually the underdog. Another reason we have become nobodies is that we withdraw in the face of emotional trauma. In the first and second years, to anatomize the temple of the soul and then to see it racked with disease and decay was a serious psychic affront. Fortunately we were encouraged to retreat into the reassuringly familiar world of physico-chemical formulae. Later, in our clinical years, to meet sickness, to see terminal patients, and worse yet, to find that doctors were something less than perfect, and medicine only half a science—all this was another shock. What happened to our feelings then? What became of those fine reasons we once listed for wanting to become men in white? Then too, the academic steam roller here at the mecca has flattened most of us by this time. The impact has been so great that we have ceased being *students* of Aesculapius and have become mere *pupils*. The unfortunate thing is that we pupils are round, regular, equal, and react uniformly to light and accommodation.

My point is this. Whatever *was* individual in us when we arrived here has (except in a few restless spirits) largely disappeared in the course of four years. Partly it is due to our withdrawal. Partly it is due to a program of medical academia which allows very little re-enforcement of such intangibles as sentiments and feelings. So all right, our induseum *was* a little griseum, but that didn't mean our sulci had to be scrubbed!

And so I have come not to characterize the personality of the class, but to *find* one. We are the “accepting” group. We sit together at the largest community table in the dining hall. We worship complacency—Aequinimitas and all that. Our model of the perfect young doctor—as graciously supplied by our immediate superiors—is a mechanical sort of fellow, whose little file of pearls is his Bible and whose god is the latest reference. We *are* a class of nobodies.

But wait. What is that strange sensation we feel today? How foreign of us to take a last slow walk around the Quadrangle, recalling some amusing incident, reading the weatherworn plaque: “Life is short and the art long . . .” What's that persistent tug on the old chordae tendinae? More than just another crystal of cholesterol, I hope. We're beginning to act like—dare I say it—like human beings. Maybe there is something in this Class of 1957. It's about time.



Historian Brunsting launches into his peroration

BOOK REVIEW

MONKS, JOHN PEABODY: *College Men at War*. Volume 24 of the *Memoirs of the American Academy of Arts and Sciences*. Boston, 1957.

For John Monks the writing of this book was a labor of love. It survives him as a monument to his particular genius. He was a family physician with a special experience in the medical and psychological problems of young men in college; he also had a special interest in social and emotional factors and in individual aptitudes. Four years as a doctor in the Navy gave him experience and authority in all these fields. So when he joined the staff of the Grant Study in 1946 he had a unique opportunity for studying a group of young men from the military point of view who had already had a remarkably complete investigation as civilians before going into military service. The Grant Study under Dr. Bock, Professor of Hygiene at Harvard, took as its subject, between 1938 and 1942, 258 healthy, successful and well-adjusted students. They

were exhaustively examined by a physician, a physiologist, a psychiatrist, a psychologist and a physical anthropologist; a social investigator saw both them and their families at home. Two hundred and thirty-one of these men went into uniform. After the war, Monks was able to compare their military performance, as shown by official service records, questionnaires and follow-up interviews, with the prewar evaluations made by the Grant Study.

The author has made the most of this opportunity by writing a careful, readable and statistically valid report. The scientific exposition is orderly and clear, but the book is enlivened by many verbatim reports from soldiers and sailors in various situations from boredom to combat. Of especial interest to medical readers are the frank statements of the physiological and psychological effects of extreme danger. These topics are given 50 pages in Chapters V and VI. Of more interest to the professional military officer are the chapters on the degree of urge to be in uniform, difficulties of adjustment, military performance and ingredients of military success.

A long list of items were studied and correlated. The significant ones (as indicated by chi-square test) are brought out in Chapter IX, where 66 pages are given to a most interesting analysis of personality traits and achievements. For example, two contrasting constellations emerged: (1) Men who had a great urge to get into uniform were tall, had a small head/chest ratio, had excellent vision, were interested in social sciences and had been to private school and ROTC. (2) Men who had non-combat duty had large head/chest ratio, poor vision and high blood lactate; psychologically they were shy, inhibited, had no interest in sports and little urge to get into uniform; their interests were in the physical sciences and they came from public schools.

The volume is published as Volume 24 of the *American Academy of Arts and Sciences*. It is beautifully written, organized and printed. As a source of information for research workers in military psychology and medicine it will stand the test of time.

STANLEY COBB, '14

REGIONAL ACTIVITIES

NEW YORK

The spring dinner of the Harvard Medical Society of New York was held on April 18 at the Harvard Club in New York City. The guest of honor and speaker was Nathan M. Pusey, President of Harvard University, who addressed the group on "The University: Its Problems and Its Aspirations." In charge of the event was Howard Patterson, '25, President of the Society.

On June 6, at the time of the meeting of the American Medical Association in New York City, the Harvard Medical Society of New York arranged for a social hour at the Harvard Club. All Alumni and their wives were invited and attendance was large and enthusiastic. Your Council feels that this type of entertainment is much more worthwhile than the arranging of a formal dinner during such a busy week. A

party such as the one at the Harvard Club gives a splendid opportunity for Alumni to meet and to renew old friendships in pleasant surroundings.

SEATTLE

On Thursday, May 2, Shields Warren, '23, spoke at an informal meeting of the medical members of the Harvard Club of Seattle. He addressed a group of about 15 members and their wives, speaking briefly on the new curriculum and other current developments at the Medical School.

KANSAS CITY

The following note has been received from Emmett Bird Settle, '32:

"Harvard Medical Alumni of the Greater Kansas City area enjoyed a most pleasurable get-together the evening of February 28, 1957, with

a cocktail party and dinner at the Wishbone Restaurant in Kansas City.

"Dr. Joe Foley's visit to Kansas City as guest speaker in a two-day postgraduate symposium in neurology at the Kansas University Medical Center prompted this delightful occasion for which he was our honored guest. His off-the-cuff after-dinner speech with his inimitable good humor brought us up to date on the Medical School and its affiliated hospitals.

"Dr. Dewey Ziegler was responsible for the arrangements and correspondence which resulted in 19 Alumni attending from a radius of 150 miles.

"Classes were represented from Dr. Aschmann's 1916 to Dr. Brukardt of 1954. We were happy to find four recent graduates on the residence staff of the Kansas University Medical Center.

"It was unanimously voted that a yearly meeting be held and that the group undertake some semblance of organization. The group hoped that the School and the Alumni Office would cooperate in providing a speaker for next winter's meeting, which we would be glad to arrange on some date when a suitable representative might be in the vicinity.

"We are indebted to Dr. Foley and the School for the opportunity

of hearing him on this occasion, and I am sure the evening helped greatly in solidifying our group in this area."

* * *

Coming events: The 1957 fall meeting of the Harvard Medical Alumni in Pennsylvania is scheduled for Wednesday, September 18, during the meeting of the Medical Society of the State of Pennsylvania. On Friday, October 4, John Rock, '18,

will be the speaker at a meeting of the Medical Alumni group held during the centennial of the Harvard Club of Chicago. The Medical School member of the centennial committee is Philip Shambaugh, '30. Also on the fall agenda, Maxwell Finland, '26, will speak in Denver on Friday, October 25. His topic will be "Resistance to Antibiotics, With Special Reference to Staphylococcal Infections."

OBITUARIES

Henry Fowler Ransford Watts, 1894. Died at Wellesley, Massachusetts, April 5, 1957. A former Boston Health Commissioner and originator of the free chest X-ray plan, he was a native of Quebec, Canada. After internship at Boston City Hospital, Dr. Watts served as a medical inspector in the Boston schools, and was associated with the Health Department from 1909 until his retirement in 1940. During World War I, as a captain in the Army Medical Corps he became interested in public health measures against tuberculosis, and subsequently founded the nation's first free chest X-ray program in the Boston Health Department. He served as professor of theory and practice of clinical medicine at Tufts Medical School for 15 years, and had also been a lecturer at Harvard Medical School. In addition, he served as physician-in-chief of the convalescent home of Boston City Hospital. He leaves his widow, Mary Marion; a son, Prof. John R. Watts of Boston College; and one grandson.

Robert Gardner Loring, 1896. Died at Concord, Massachusetts, March 24, 1957. A native of Walpole, Massachusetts, he graduated from Roxbury Latin School and from Harvard College in 1892. He was an instructor in anatomy at Harvard Medical School for three years, and served on the staffs of the Massachusetts Eye and Ear Infirmary, the Massachusetts General Hospital and the outpatient department of the Boston City Hospital. Dr. Loring, who retired from practice 15 years ago, was also a consulting ophthalmologist to several other hospitals. He served with the Army Medical Corps during World War I. He leaves his widow, the former Susan D. Merritt.

William James Collins, 1898. Died at Northampton, Massachusetts, March 1, 1957. A physician in Northampton for 59 years, he was a native of Warren, Ohio. During World War I, he was cited by General Pershing for his service in France. He was also made an honorary citizen of

France. His brother, Joseph Daniel Collins ('10), also of Northampton, died January 13, 1957.

Walter Maynard Lippincott, 1900. Died at Lynbrook, New York, May 15, 1957. An orthopedic surgeon, he was a consultant at Meadowbrook Hospital and was professor of orthopedic surgery at Post Graduate Hospital, New York. He leaves his widow, Mrs. Avis Lippincott; two daughters, Mrs. Avis Cestari and Mrs. Helen Xellor; and a brother, Colonel Aubrey Lippincott of the United States Army.

Frank Leslie Doray, 1902. Died at Marlboro, Massachusetts, December 22, 1956. He had practiced in Worcester, Massachusetts for many years.

Richard Henry Stubbs, 1902. Died at Augusta, Maine, April 11, 1957. He had practiced in Augusta for over 50 years until his retirement. A native of Maine, he graduated from Bowdoin College in 1898, and after graduating from the Medical School, interned at St. Elizabeth's Hospital in Boston, and later studied in Vienna. He was on the staff of the Augusta General Hospital for many years. His wife, the former Ethelyn Hope Burleigh, died in 1948, and a son, Richard H. Stubbs, died in 1955. He is survived by a sister, Mrs. Charles W. Bell, and seven nieces and nephews.

John Law Bridge, 1903. Died at Thompsonville, Connecticut, January 9, 1957. He was a past-president of the Hartford County Medical Society.

Joseph Daniel Collins, 1910. Died at Northampton, Massachusetts, January 13, 1957. A member of the American Academy of Ophthalmology and Otolaryngology, and a veteran of World War I, Dr. Collins was on the staffs of the Veterans Administration Hospital, Northampton State Hospital and the Cooley Dickinson Hospital.

Roger Ralph Rupp, 1913. Died in an automobile accident at Weissport, Pennsylvania, March 1, 1957.

John Henry Morrissey, 1914. Died at New York, New York, April 5, 1957. A resident of Darien, Connecticut, he was born in Bristol, Rhode Island and was graduated from Brown University in 1910. A urologist, he was associated with the New York Hospital, St. Clare's Hospital and City Hospital in New York, and the Newport Hospital in Newport, Rhode Island. An author of several articles on urology, he was invited by the Egyptian government in 1950 to lecture before the Egyptian Medical Society in Cairo. Surviving are two brothers, Dr. Thomas A. Morrissey, and Dr. Daniel L. Morrissey ('18); and two sisters, Miss Mary C. Morrissey and Mrs. James Ruggiero.

Edward Kerk Lee, 1915. Died at Newburgh, New York, April 1, 1957.

Joseph Franklin, 1925. Died at Boston, Massachusetts, April 1, 1957.

Philip Garretson McLellan, 1925. Died at West Hartford, Connecticut, January 22, 1957.

Willard Groesbeck Snow, 1939. Died at Sausalito, California, March 31, 1957. An assistant clinical professor and head of the arthritis clinic at Stanford University Medical School, he had also spent many years working with the Arthritis and Rheumatism Foundation. Born in Salt Lake City, Utah, he received an A.B. degree from the University of Utah in 1934, and served in the United States Navy from 1942 to 1947. Survivors include his mother, a sister, and two brothers, Eliot Snow ('28), and Robert G. Snow ('35).

Rodney Ham Foss, 1948. Died at Goffstown, New Hampshire, March 24, 1957.

